DOCUMENT RESUME

ED 056 137 UD 011 858

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TITLE Family Planning Communication's in an Extension Low-Income Program.
INSTITUTION Wisconsin Univ., Madison.
PUB DATE 71
NOTE 202p.; Master of Science (Agricultural Journalism) degree thesis, 1971

EDRS PRICE MF-$0.65 HC-$9.87
DESCRIPTORS Community Health; *Contraception; *Disadvantaged Groups; *Family Planning; Lower Class; *Low Income Groups
IDENTIFIERS *Cooperative Extension Service

ABSTRACT

This study explores the need for family planning information and communications in the Expanded Food and Nutrition Education Program (EFNEP) of the Cooperative Extension Service, as perceived by program aides. Because of new needs, education for family planning and birth control has not been an officially recognized program area. From a national survey of aides, it was discovered that there was a high degree of ethnic and religious homophily between aides and clients, which is considered indicative of communicative reliability. Many women came to aides for help in family planning, and many were helped. Aides strongly believe in family planning. Based on the findings, a recommendation was made that an officially supported family planning education and information program be established by the Extension Service as a part of the EFNEP low-income program. (Author/JW)

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ED056137

FAMILY PLANNING COMMUNICATIONS IN AN EXTENSION LOW-INCOME PROGRAM

BY

W. JEAN BRAND

A thesis submitted in partial fulfillment of the
requirements for the degree of

MASTER OF SCIENCE
(Agricultural Journalism)

at the

UNIVERSITY OF WISCONSIN

1971

UD011858

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ABSTRACT

Communication about family planning has been largely verbal and interpersonal within the low-income program studied. Indigenous program aides indicate a great deal of such communication taking place, and report a high rate of observed need for such information among clientele families.

This study explores and describes the status of, and need for, family planning information and communications in the Expanded Food and Nutrition Education Program (EFNEP) of the Cooperative Extension Service, as perceived by program aides. New low-income audiences have presented new kinds of questions to Extension, and education for family planning and birth control has not been an officially recognized program area.

A national random sample of aides, stratified by states, was drawn for a questionnaire survey channeled to respondents through state and county Extension offices. Analysis of data from the 364 respondents revealed a high degree of ethnic and religious homophily between aides and their clientele, considered indicative of communicative reliability. Specific findings included:

Nearly two-thirds of the aides said they had been asked for family planning or birth control advice by women and girls in the EFNEP program, and 96.6 percent of those asked had given advice (usually referrals). Some (41 percent) had volunteered family planning advice to women. Three-fourths of respondents said their clientele would like to

learn more about this subject, while 93.7 percent observed clientele need for such information. Men in EFNEP families also need to learn more about family planning, according to 87 percent of aides, and they appealed for birth control education for teenagers.

Aides strongly believe in family planning; about 94 percent said they think families "should plan the number of children to have." A majority of aides (64 percent) back up this belief by saying they have practiced birth control themselves. Neither belief in family planning nor use of birth control methods are significantly related to either religious or ethnicity variables. Aide use of birth control methods was significantly related to younger age, higher educational level, marital status, less time married, and greater number of children. Aides' general knowledge of the efficacy of various contraceptive methods is fairly correct, measured by clinical standards, but could be improved upon.

Aides attribute clientele non-use of contraception to (1) fear that the methods are dangerous, (2) lack of knowledge of how to use them, and (3) objection of the male partner.

EFNEP aides are quite willing (87 percent) to teach women and girls about family planning and birth control if they had training, but only 28 percent say they have had such training. They do not see themselves or the clientele as high users of mass media, and have little interest in using such media to teach this subject, preferring to talk to one woman at a time.

Based on the findings of this study, a recommendation was made that an officially supported family planning education and information program be established by Extension as an integral part of the EFNEP low-income program.

GLOSSARY

EFNEP -- Expanded Food and Nutrition Education Program. The nationwide effort by Cooperative Extension Service to help low-income families learn how to make better use of available foods.

Program Aide -- In some localities called program assistants, these EFNEP subprofessional workers are usually recruited from the clientele group they serve.

Clientele -- The members of the low-income families served by the EFNEP program.

Family Planning -- The broad concept of controlling human fertility to allow production of the number of children wanted by parents, when desired. Often used interchangeably as a euphemism for "birth control."

Birth Control --Used in the vernacular synonymously with "contraception," birth control is one of the tools of family planning.

States -- For brevity, the term "states" will be used to describe the 50 states, Puerto Rico, the Virgin Islands, and the District of Columbia, unless otherwise specified.

Extension -- The Cooperative Extension Service--a three-way partnership of county government, the state Land-Grant university, and the U. S. Department of Agriculture.

CHAPTER I

INTRODUCTION

Background of the Problem

A new dimension was added to the assignment of the Cooperative Extension Service in November 1968, with the authorization of the nation-wide Extension "Expanded Food and Nutrition Education Program" (EFNEP).

Oriented toward hard-to-reach impoverished families, a large proportion of them from minority groups living in urban areas, this new program called for new approaches to Extension education, and for a different kind of Extension employee--the indigenous, nonprofessional "program aide" recruited from the local community and clientele.

The immediate need was for women aides to teach low-income homemakers how to make better use of, and get more nutritional value from, available foods--particularly those distributed through U. S. Department of Agriculture food assistance programs (68, p. 2).

Although Extension had always included low-income people among its clientele, and had provided Americans with education about food and nutrition for more than half a century, the impact of the thousands of new aides and homemakers in this special program was felt at county, state, and federal Extension levels. By the end of September 1970, families comprising about 1.2 million persons (700,000 of them children) were participants (34). Close to 53,000 children from program families were being taught about food and nutrition through 4-H-type activities.

An analytical profile of EFNEP families drawn in March 1970 showed them to be (34):

-- 59 percent urban
-- 63 percent with less than $3,000 family income per year
-- 41 percent receiving donated food or food stamps
-- 32 percent receiving welfare payments
-- 34 percent homemakers with less than 8th grade education
-- 33 percent Caucasian
-- 48 percent Negro
-- 17 percent Spanish-American
-- 2 percent "other" (Indians, Oriental, etc.)

By the end of January 1971, more than 7,000 program aides were on the job in localities in all 50 states, Puerto Rico, the Virgin Islands, and the District of Columbia, and the number of both aides and families was growing.

Evaluation of food use (34, p. 9) showed measurable improvement in nutrition knowledge and food consumption habits among EFNEP homemakers, indicating that the program was progressing toward its stated goal of helping low-income families "acquire the knowledge, skills, and changed behavior necessary to achieve adequate diets."

However, early in the EFNEP program it was discovered that no sharp line could be drawn between nutrition and other aspects of living in a problem-ridden environment. Extension home economics staffs saw that other problems must be recognized and dealt with if these families were to gain improved nutritional levels. Such factors as sanitation, money management, child care and health were found to be inseparable from the total setting of nutrition education, and aides were trained to help homemakers cope with many of these associated problems.

Crucial Role of Program Aides

The EFNEP program literally could not operate without the indigenous aides, who are largely recruited from the clientele groups they work with. They are chosen for their leadership and other capabilities and trained in subject matter and teaching methods.

There are indications that aides' values often coincide with those of their clientele, since they themselves may be products of socialization in the low-income culture, versed in its traditions, customs, and habits (52, p. 10). There is a powerful potential in their inherent understanding of their audience.

A study of the sociological and psychological interactions between aides and homemakers would make a dramatic human interest document in itself. Empathy weaves strong ties, so that it is sometimes difficult for aides to "terminate" homemakers who have mastered the nutrition lessons (52).

On the job, the aide appears to be subject to some of the same dichotomies as the foreman in an industrial structure, who is not considered entirely a part of management, yet is not completely of the worker group. Likewise, many aides have come "up" out of the clientele served, but do not usually qualify educationally for better positions in the Extension system. In a sense, they are emissaries between two worlds, and to the extent that they do not step too permanently into either, they maintain their greatest effectiveness.

Aides speak the language of both worlds (sometimes literally, as with Spanish clientele). They are also translators and interpreters of norms and sanctions to each.

It is important in the present study to remember that Extension communications will pass in either direction only as far as aides permit or have the capability, and will necessarily be screened through the censorship of their own attitudes.

In her special kind of job, the program aide needs to utilize human relations talents of the highest order as she balances her work between a suggested curriculum and her own instinctive feeling for what the audience will accept. A few aides drop out. Most seem to thrive and grow under these conditions.

A New Kind of Question

We see the EFNEP aides serving as "gatekeepers," who can transmit Extension information to an audience that has until now been almost unreachable. And, in the best Extension tradition, they have learned to relay the needs of the audience back to their supervisors.

Partly because of the rapport that has grown out of the close, one-to-one working relationships of many aides with homemakers, Extension now is hearing of clientele needs that have remained all but unmentionable in the past, in its work with middle-class audiences.

One of the more extraordinary recent developments has been evidenced by the number of aides who are receiving requests from their homemakers for information about birth control, called politely--and more accurately in its broader implications--"family planning." This new audience has presented Extension with a new kind of question.

If Extension guidelines exist as to what answers should be given to such questions, they are not generally publicized. This

subject-matter has scarcely been touched upon in most training for aides, though it has had some emphasis in a few states.

Here Extension is faced with a problem based in reality. Certainly a mother debilitated by too-frequent, unwanted pregnancies is less able to give proper care to her family in any area, including that of nutrition. But should her request for birth control information be treated as an "associated problem" of nutrition, as a housekeeping question would be, for instance? The decision is considered controversial at best, and by some as "too hot to handle."

Yet the questions persist. The program aides on the firing line, living closely with the culture from which these questions arise, cannot ignore them. In many localities, with or without official sanction, they are giving answers.

It is thus clear that there is a communications problem regarding family planning information within the EFNEP program, in an area where the consequences of communication—or the lack of it—can gravely affect human lives. There is a serious "need to know" about what is being communicated, and how.

It seemed to the author that the logical first step toward finding out would be simply to ask the only person in Extension who does know.

How we asked the aide, and what she told us, is the subject of this report.

CHAPTER II

REVIEW OF LITERATURE

"A Fair Chance in the Life Race"

Mrs. Annie Besant's early English publication, the Law of Population, which offered advice on birth control, was reprinted worldwide through many editions. In the introduction to the 1884 edition, she said of her book:

> . . . it was written for the poor, in the hope that by the information therein given--information long familiar to and long acted upon by the wealthier classes of society--poor men and women might make the home happy, and rear in respectability and comfort a limited number of children, children who should hereafter bless the parents whose wisdom and forethought had given them a fair chance in the life race (38, p. 249).

Today, "a fair chance in the life race" for the disadvantaged is still an important goal for advocates of family planning. Recent research literature on family planning programs deals abundantly with the contraceptive needs and problems of low-income groups, and, either directly or indirectly, with the special requirements for communicating birth control information to individual members of these groups.

Since such background studies are basic to the issues examined by our present study, a brief examination of related literature seems appropriate.

The literature falls into four groupings:

1. Communicating an ancient need--a very brief look at the heritage of the family planning communicator

2. The socioeconomic climate for family planning communications

3. The aide as communicator

4. Communication methods in family planning.

Additional citations from related research are interspersed within other sections of this report to illustrate specific points.

Communicating an Ancient Need

> The desire to control conception is very old. Contraception as a genuinely effective instrument is new; as a diffused social habit or as a democratized social institution it is new (38, p. 223).

Whether communication about contraception has yet been entirely democratized is one of the questions upon which this study will touch.

Societies since antiquity have tried innumerable methods to prevent conception. Egyptian papyri of the second millennium B.C., Aristotle, and the ancient Romans, all put into writing the best recipes of their day for accomplishing birth control (38).

If it is true that "history is the memory of mankind," then a brief look into our collective memory shows that communicators have trod this path before--and some have suffered for their temerity.

One of the earliest users of mass printed communications for this purpose was Francis Place of London, who tried to educate the English working people through distribution of handbills and pamphlets on contraception in the 1820's.

Place knew even then the first principle of communication--"write for your audience"--when he couched his message in different printed forms, for the "working people" and for those "in genteel life." His appeal to the workers was an economic one, promoting contraception as a prevention of individual poverty. Place argued that birth

limitation among laborers would make them more scarce and so raise wages (38, p. 218).

Although Place and his disciples suffered some public abuse, they were not legally prosecuted.

When Robert Dale Owen published his Moral Physiology in New York in 1830, it was the first booklet in America on birth control, and 75,000 copies had sold by 1877.

Dr. Charles Knowlton, a respected member of the Massachusetts Medical Society, got into trouble with the courts over his book on contraception, Fruits of Philosophy, in the 1830's. It, too, became a "best seller" in the field. Annie Besant and Charles Bradlaugh were brought to trial in England when they organized the Freethought Publishing Company to reprint Knowlton's work. In their highly publicized trial, an appeal based on the need of the poor to have contraceptive information won legal vindication.

That case and the similar trials of English publisher Edward Truelove in 1878-79 resulted in such wide publicity that millions of people learned for the first time about more effective methods of contraception (38, pp. 239-43).

In America, one of the first victims of the so-called "Comstock Law" of 1873, a federal statute prohibiting distribution of contraceptive information through the mails, was Dr. Edward Bliss Foote, who was found guilty and fined $3,000 for mailing a booklet he authored containing birth control information (38, pp. 277-79).

As recently as the second decade of this century, circulation of her pamphlet, Family Limitation, brought the indictment of Margaret

Sanger. She later organized the World Population Conference in Geneva in 1927 and became an international leader in the birth control movement (38, p. 314).

Not until the Great Depression of the 1930's helped give impetus to the movement did a few popular periodicals begin covering the issue (4, p. 159).

Through human history, people have been eager for information about contraception, and communicators have attempted to supply it, often at considerable risk to themselves.

The Socioeconomic Climate for Family Planning Communications

A review of the sociological and public health research in the family planning area shows general agreement that the poor would prefer to have as few children as the affluent. But researchers disagree markedly in their interpretations of reasons why the poor do not reach their goal of smaller families. A philosophical divergence separates those who feel that the methods are available but that the poor do not use them because of their own character and cultural background, versus the writers who imply that the fault lies in a social system that does not provide equal access to contraceptive measures for the poor.

This section will present comments from both viewpoints and also include more neutral observations. Each point of view offers implications for communications needs and methods.

Naomi Thomas Gray, as field director for Planned Parenthood, stated, "It is not widely known that low-income Americans express a desire to have as few, or fewer, children than couples of higher socio-economic levels," but the more affluent and educated "have always been apt to know where and how to obtain knowledge and instruction about contraception and to plan their families accordingly" (55).

Jaffe (39, p. 723) agrees that the poor have aspirations for small families, but are not able to realize them, mainly, he says, because in most communities they cannot get medical help with birth control. They are without private physicians, and can get little assistance from charity hospitals. Jaffe implies that motivation of the poor is not the problem, but rather the motivation of practitioners to restructure health services. He minimizes the belief that the life style of the poor is the main obstacle to family planning, since evening and weekend clinics, where they exist, are heavily used by the poor (40, p. 11). Their difficulties in family planning derive from the lack of realistic opportunities.

Banfield (3) is more pessimistic. He believes two things are necessary to reduce the "lower class" birthrate. One is the scientific development of a contraceptive "that even the most present-oriented can use without difficulty." The other is the psychological-communication problem of motivating lower-class people to use it. He says the latter problem may turn out to be insoluble, and implies that a propensity to contraceptive failure is deeply imbedded in the present-orientedness of lower-class culture.

Rydman (59, pp. 21-29) in 1965 explored some reasons why many clinic patients fail to control conception in spite of availability of effective methods. He attributed this failure to a life style, value system, and culture which give little support to the concept of family planning. He related the differences between success and failure of birth control methods to differences in communications and interactions within families. (The present literature review will also note other writers who point out this problem of intrafamily lack of communication.)

Rydman approached his study through the theoretical framework of a "symbolic interaction theory," studying a sample of Negro patients at Planned Parenthood centers in Ohio and Texas. He, too, points out the discrepancy between the respondents' stated desires for small families and their actual large families, but attributes it to "the erratic use or non-use of reliable and available techniques" of birth control. He calls for "more adequate and perceptive communications with this group."

Rydman (59, p. 81) says that the facts "support the proposition that family planning is a function of education and social class." This makes communication difficult between clients and clinical and other helping personnel. Researchers are urged to learn to see the world from the point of view of the "real world" of the subject. He notes that the clientele's definitions of "marriage" and "birth control" may be quite unlike the definitions used by the middle class, and these definitions can lead to inconsistencies in the interview data. Furthermore, interviewers not familiar with the subtle meanings of language, gestures, and attitudes of the subculture can misinterpret replies.

Bumpass and Westoff (21, p. 1179), on the other hand, say their findings indicate a coincidence of poverty with unwanted births, rather than "a propensity of the 'poor' to have unwanted children." Working with data from the 1960 and 1965 National Fertility Studies, they estimated that in the period 1960-65 there were 4.7 million unwanted births in the United States--one-fifth of all births during that time. They state that "approximately 2 million of these unwanted births occurred among the poor and near-poor, and half of those among the Negro poor and near-poor." They take the position that if only the unwanted births were eliminated through "perfect contraception," the United States would eventually achieve a near-zero rate of population growth.

Their findings showed that unwanted births are negatively related to both education and income. Wives with less than high school education had a proportion of unwanted births approximately twice as high as wives who had attended college.

Simple lack of contraceptive knowledge shows up as the cause of unwanted births in several of the studies of low-income groups. Beasley, et al. (5, p. 1853), in a study of family planning attitudes and knowledge among a group of Negro women in New Orleans, recorded 72 percent who said they did not want any more children. They not only did not "want to become pregnant this year or the next, they never want to be pregnant again," Beasley says. Yet he found that 29 percent knew of no effective birth control methods, and 57 percent had used no method of family planning during their most recent year of cohabitation. A disparity was indicated between the wishes of these respondents and the [illegible] able future outcome.

In the "Lincoln Parish" study, also conducted by Beasley and associates, but in rural Louisiana (6, p. 4), the authors found that knowledge of reproductive physiology was markedly different between the socioeconomic classes, with 90 percent of women in the middle and upper groups using "an effective and scientifically acceptable family planning method," compared to fewer than 50 percent in the lower socioeconomic group. But 84 percent of the lower group said they desired more information about family planning.

Lack of information about contraception is also at the root of many of the tragedies of unwed motherhood among teenage girls. Talbot (69, pp. 65-79), in her 1969 study of a group of unmarried, pregnant Negro girls aged 16 or less, explored the degree of their knowledge in this area. She found the girls "grossly misinformed" about the facts of conception. With little information to go on, most had depended on the male's use of contraceptive methods, which had obviously failed.

The author found that the girls had gained much of their small amount of information from friends who were equally uninformed. The communications media were at the bottom of the list as sources of information. The girls also said the language of instruction in the few sex education courses they had had at school was beyond their level of understanding.

Talbot offers a practical suggestion to communicators of family planning information--to "use the informal language of sex familiar to girls and boys." She adds that failure "to be aware of semantic differences in communicating with them will continue an exercise in futility." The language of the group cannot be ignored (69, pp. 43-44).

Although occasionally these girls said they had gained contraceptive information from a book, magazine, radio, or television, these sources were not important enough for serious consideration. Furthermore, the author adds "Every girl who reported learning something about conception and contraception from written material also complained that the material did not help her. Books and magazines were not easily understood" (69, p. 68).

Darity's study (26) in North Carolina in 1964, on the sociological, cultural and attitudinal factors affecting the educational process in an oral contraceptive program, contains implications for similar educational programs. His study was designed to discover the knowledge, attitudes and practices relating to birth control among a group of 213 medically indigent women clients at a public health clinic in Charlotte, North Carolina.

He studied women in groups who were (a) using oral contraceptive pills, (b) who had stopped taking them, (c) had been offered pills but did not accept them, and (d) had not been offered pills, but were eligible.

In addition to socioeconomic and educational factors, Darity looked into selected sources of health information for these groups--newspapers, magazines, radio, and television--and found there was no significant difference among the groups in relation to their use of these media (26, p. 244).

Inquiring about sources of information on oral contraceptive pills, Darity found his respondents reporting: 83 percent had not read anything in magazines; 60 percent had not read anything in newspapers;

and 88 percent had not heard anything from radio or television about the pills (26, p. 268). More than 53 percent of the respondents said they did not read a newspaper every day; 40 percent did not read magazines; and 16 percent said they never used radio or television. More than 71 percent of Darity's subjects received their first information on contraceptives from peers, friends or families (26, pp. 337-39).

Darity concluded that mass media, such as newspapers, magazines, radio or television were not reliable means for reaching the subjects with educational information. The fact that these women had little involvement in church groups, clubs and other activities indicated that a large segment of this population would not be reached in that way either.

Darity's findings also implied that "any educational program should be carried on at the neighborhood-community level where personal contacts and the exchange of ideas take place." (This finding has particular significance for the EFNEP study.)

In his 1968 study of families on welfare in New York City, Podell (49) found that "the greater the respondents' exposure to the information media--newspapers, magazines, and especially television--" the more likely they were to practice birth control. This relationship was found true regardless of ethnicity, age, and other selected factors. Also more likely to practice birth control were women who talked to other people about their troubles.

When those who practiced birth control were asked how they first heard of the method they used, 45 percent had heard from medical sources, 38 percent from friends or relatives, and 17 percent from other sources. There was no statement as to what proportion of the latter group included communications media.

For women for whom birth control was applicable, Podell also found that half the Negro women, a third of Puerto Rican women, and a fourth of white women practiced contraception. More than 80 percent of the mothers under 45 said they did not want any more children.

The effect upon birth control practices of interpersonal communications between husband and wife has been singled out in several of the major studies.

Blake, et al. (12), studying the effect of beliefs and attitudes upon contraception among the poor, concluded:

> The husband seems to play a crucial role in deciding whether or not the couple will practice contraception. Educational efforts, now directed almost exclusively at women, need to be focussed on the couple.

In Beasley's Lincoln Parish study (6, pp. 15-16), a special effort was made to involve the local male population through literature designed for them about the program, but the only means of getting this information to males was through the female patient. There was such lack of communication between the male and female components of these families that many males not only did not receive the literature, but did not know the female was practicing contraception.

That study showed men as ignorant as women about family planning techniques, but equally interested in such information. Beasley concluded that:

> . . . adequate methods of reaching and educating the males must be developed; otherwise, contraception practiced by the female, but without full knowledge and consent of her male counterpart, can only offset the 'increased family compatibility'.

These findings were consistent with those of Hill, Stycos and Back, who found that the amount and kind of husband-wife communication

was the most important single factor in predicting family size in Puerto Rico (37; 12, p. 24). The Puerto Rican study also revealed that "pluralistic ignorance" supported the idea that Latin men want large families, while actually these men were oriented toward having small families, and even their wives did not know how they felt.

Misra's analysis (46) of Negro male attitudes in a Chicago family planning study showed that males, like females, preferred a family of three children, a majority approved of family planning, and three-fourths of the males in the sample expressed willingness to learn more about birth control. The wife, friends and "reading" were the major sources of birth control information for males in his sample.

Rainwater, in his in-depth study of American preferences in family size (54, p. 290), found little communication between lower-class husbands and wives about family planning. He noted:

> . . . the resources for communication and cooperative decision-making in lower class families are often not up to the task of making and carrying out sensible decisions about contraception even where there is a desire for family limitation on the part of both partners.

He also mentioned the factor of "pluralistic ignorance" relative to his finding that people who want smaller families are less likely to discuss questions of family size with others, perhaps because they feel out of step because of what they think are minority views (54, p. 285).

Smith (66) said that when people do not know what others are really thinking about subjects with strong taboos, such as birth control, each person may believe he is the only one who thinks the way he does.

In another study, Rainwater (53, p. 2) concluded: "Traditionally and in reality, it is the poor people--the 'working class', the 'lower class', who have too many children." And he added that this means they have more than they want.

The Aide As Communicator

Smith (66) noted that the designing of communications for family planning requires information about the target population. Since the EFNEP program aide is of and from the ultimate audience (68), a good case can be made for the validity of her views as representative of those of the clientele, and for the soundness of her interpretations of clientele knowledge and attitudes.

Rogers (57) uses the term "homophily" to describe "the degree to which pairs of individuals who interact are similar in certain attributes." In his studies of family planning field workers--or "change agent aides"--in Pakistan and Indonesia (56), Rogers found that homophily plays a vital role in reaching local people. Since the aide is more homophilous with the client than with the change agent, she serves to bridge the communications gap for the agent.

Rogers emphasizes that "Communication is more effective when a higher degree of homophily is present." He points out the advantages of employing aides who have "competence credibility" (expertise) in the client's eyes, but who also have "safety credibility" because they are enough like the client to serve as a role model.

These concepts hold inferences which may further legitimize the perceived role of the EFNEP program aide in the present study.

Research provides other indications that the indigenous program aide may already embody many of the characteristics of the effective opinion leader in family planning.

Rosario (58, p. 303) says that in the area of family planning "the influential has been found to be very much like the person she influences." This leadership is usually informal, with the advice-giver providing information when she is asked for it during casual conversations. Rosario concluded that the opinion leader in family planning is different from opinion leaders in other areas, where many studies have found such people to have "prestige, high social status, cosmopoliteness, and mass media exposure." The family planning opinion leader may simply be one who is well-informed on the topic and willing to talk about it.

Bostian (18) hypothesized that opinion leaders in developed countries may be more similar to their followers than those in the developing countries.

The important attributes Rosario outlines for the family planning opinion leader may also characterize many program aides, through the nature of their jobs and the way they are recruited. These are: "(1) sensitivity to relevant information sources, (2) knowledgeability, (3) accessibility, and (4) credibility."

Palmore (48, pp. 339-45) found that the family planning influential is usually a close acquaintance of the one influenced, is not of higher social status, and is likely to be of the same age group and marital status.

The gatekeeping position of the program aide in the EFNEP communication network led the author of the present study to investigate the research literature on the "Two-Step Flow" theory of communication, which touches upon the hypothesized role of a "middleman" in dissemination of information from the mass media to individuals in a target audience. It is not within the design of this study to test the degree of the two-step communications pattern in the EFNEP program, since clientele cannot be questioned directly, and Extension information sources are not the same as mass media. But the literature nevertheless may hold some implications for future related investigations within this theoretical framework.

The two-step flow theory came out of research in the 1940's and 1950's by Katz and Lazarsfeld (42), who suggested that people receive information not directly from the mass media but through opinion leaders who get it from the media. Some recent studies, however, show evidence modifying this theory.

Palmore's 1967 study (48, pp. 325-30) from Chicago family planning data, questioned the validity of the two-step pattern, suggesting that the first step in the movement of information from the mass media reaches many persons who in turn influence others in informal communications. He found that the information campaign under study set off a "far-reaching chain reaction of personal communication." But he did <u>not</u> find that only a relatively small part of the population reacted to the mass communication, or that those who did were all opinion leaders. Others in the population also relayed the message.

McNelly (45) cites preliminary reports of studies in Peru which show evidence of direct media transmission of news to the masses, with the two-step flow occurring in less than 5 percent of the cases.

Rogers (57), on the other hand, did find that "opinion seekers had a lower mass media exposure than opinion givers" in a Colombian study.

Many studies of the two-step flow theory have been carried out in foreign countries where the mass media are less pervasive than in the United States. In the U.S., high television usage particularly, along with the abundance of other media, increases likelihood of direct exposure to audiences, who consequently need not depend on go-betweens to transmit the message.

Communication Methods in Family Planning

There is an extensive literature on adaptation of tested communications methods and theories to the specific problems of family planning communication. This research was investigated as background for this report although communication techniques are not the central problem of this study.

Family planning communicators in other countries are using mass media--radio, television, billboards, etc.--in information campaigns to an extent that might prove startling to U.S. audiences (61,47,13,11,51,32).

But one point made repeatedly in the literature of communication methodology is the emphasis on the importance of person-to-person communications in the family planning area. This has implications for the feasibility of utilizing the existing face-to-face communications system

in the EFNEP program in conveying family planning information to homemakers who request it.

Schramm (61, pp. 30-31), in his recent review of the role of communication in international family planning programs, concluded that any medium, where available, can be effective, but a combination of media is more effective than one channel, and a combination of public and personal channels is better than either alone. Schramm has said elsewhere (62, pp. 14-15) that "the most effective tool of an information and education program is home visits by a competent and motivated family planning worker." One of her prime qualities must be "credibility in the eyes of her audience." But Schramm says field workers need support from other information channels.

Research studies find that adopters of family planning often say that person-to-person communication was most influential in their decision.

Specter (67, p. 23) concludes his study of methods and media for communicating family planning information by stating: "In a sense anything short of person-to-person communication is a compromise."

Bogue and Johnson (17) say that face-to-face educational work with individuals and small groups is essential, but not enough. Mass media, they say, is also necessary for speed of communication, reliability, and mass coverage at low cost per person.

One of the best known experiments in family planning communications was carried out as part of the "Taichung Study" in Taiwan, described by Freedman and Takeshita (32). This large, carefully controlled experiment included a study of the effectiveness of various combinations

of methods in gaining acceptors for the family planning program. The authors noted that "word-of-mouth communication by neighbors, friends, and relatives played an important role in the diffusion of the IUD," and that these channels were especially important in diffusing the IUD beyond the borders of the city.

A United Nations Working Group (27) on communications in family planning recommended multi-media use supplemented by face-to-face contact.

Conclusions from the Literature

In the literature related to communications in family planning, we have first glanced briefly at the communicator's heritage in this field, then examined clientele needs for family planning information, looked at the aide's role as communicator, and noted the findings on communication techniques.

We see evidence in these studies that the necessary research being directed at the biological control of human fertility can prove nearly useless if the equally important communicative and social aspects of family planning are not understood as well, and their lessons applied.

Robert C. Cook (23), as president of the Population Reference Bureau, has said:

> The problem of controlling human fertility is not merely a matter of immunology or physiology. More basic and important than either of these factors is the psychology of emotions and motivations.

Such motivations underlie the communication or noncommunication of family planning information among the subjects of the present study

and their clientele. We shall see to what extent these human forces are revealed by the findings set forth in the following chapters.

CHAPTER III

PROBLEM AND OBJECTIVES

The new low-income audiences that have come to Extension through the EFNEP program have brought with them a new and perhaps disconcerting kind of problem. Some of these women are asking the program aides who work with them for information about family planning and birth control. And, some of them are getting answers. In the past, this has not ordinarily been a recognized area of Extension education, and aides and supervisors in many areas are uncertain as to what kinds of answers to give. Neither they nor their administrators know how others in the EFNEP program are responding to similar questions.

The immediate problem motivating this study is the urgent necessity for a clearer picture of the kind of communication taking place within the Extension EFNEP program, concerning family planning and birth control. The fact is that it <u>is</u> taking place. And, since interpersonal human communications cannot and will not always be confined to policy-approved channels, it becomes wise for policy makers to learn, if possible, what is being communicated.

If enough need for family planning information is being expressed, then this subject might be considered a legitimate concern in EFNEP program planning, as are other problems of maternal and child health.

The health problems associated with the lack of family planning, especially among low-income women, have been well documented. For the 5 million medically indigent women in the United States (71), an already difficult life is further complicated by the medical and social consequences of having too many children too quickly. Medical research has shown that closely spaced births are associated with larger numbers of premature and physically and mentally defective children, as well as high rates of maternal and infant mortality.

Scheyer (60) notes the great health risk, as well as the social, economic, and emotional consequences, when the mother cannot control her fertility. Prematurity, he says, is more common in babies spaced close together, and prematurity is directly related to infant mortality. He cites 20 British and American medical studies to back up these statements.

Wallace, et al. (72, p. 1356), also examining family planning as a health factor, found: "Prevention of a rapid series of many pregnancies provides a greater possibility for reducing maternal, fetal, infant, and childhood mortality."

On a less clinical level, similar concerns have been voiced by EFNEP aides, and some have tried to do something about it. We need to find out what.

Purpose and Objectives of the Study

The purpose of this study is to explore and describe the current status of, and need for, communication of family planning information within Cooperative Extension's Expanded Food and Nutrition Program, as perceived by the paraprofessionals employed as aides in that program.

The study is approached through inquiry of these indigenous women who work with, counsel, and teach nutrition-related subjects to the low-income homemakers constituting the EFNEP clientele--and who in many localities are being asked by them for information on family planning and birth control.

An understanding of the aides' own characteristics, practices, and expressed opinions about family planning and birth control, as well as their perceptions of the clients' needs, is considered basic to an understanding of the communications aspects of this subject matter within the EFNEP context.

The specific objectives of the study will be to determine:

-- the extent of the clientele need for family planning and birth control information, as perceived by program aides;

-- whether aides are now communicating such information; if so, what kind and by what means;

-- whether attitudes of the aides themselves tend to be either "pro" or "con" family planning, as evidenced by their statements of their own practices and opinions regarding family planning and birth control;

-- what perception aides have of the family planning and birth control knowledge, attitudes, and practices of their clientele;

-- whether aides would be willing to conduct family planning educational programs if they had training in this area, and which communications methods and media they would feel most comfortable in using in such programs;

-- whether demographic features such as age, religion, educational level, number of children, and other factors are significant to aides' attitudes toward, and communications about, family planning and birth control.

Hypotheses

Within the general framework of these objectives, some specific hypotheses will be tested. These include:

-- the educational level of the aide is positively related to whether she has used printed media (booklet or leaflet) in communicating birth control information to women;

-- the educational level of the aide is positively associated with her own use of birth control methods;

-- aides who have used a birth control method themselves are more likely to offer some kind of advice when they receive questions from homemakers about family planning;

-- religion makes no significant difference in aides' beliefs that families should plan the number of their children; it will make a significant difference in whether or not they have used a birth control method themselves;

-- aides will recall hearing about birth control methods from mass media more than from family and friends.

It is not expected that testing these hypotheses will lead to a formula for distinguishing the characteristics of aides who would prove most successful in communicating family planning information. Individuals do not easily fit into patterns. But some general guidelines may be discovered.

Significance of the Study

This descriptive study should serve as a useful exploratory tool for assessing the extent of need for family planning information among EFNEP clientele and for analyzing the characteristics of aides which might bear upon the effectiveness of communications within a family planning program.

It can provide a better understanding of the aides' knowledge, practices, and attitudes toward family planning, their perception of clientele needs in this area, and their preferred use of communications media for both receiving and giving family planning information. This could constitute a useful knowledge base for Extension staff who may be formulating training plans in this as yet uncharted field of Extension education.

With the reservoir of findings brought together by this study, communications specialists may more accurately design informational materials for use in family planning education.

The findings could also provide some basic data for administrative consideration in future EFNEP program planning.

CHAPTER IV

METHODOLOGY

Design of the Study

This descriptive study was designed to obtain selected data about program aides, their clientele, and media use, as related to the communication of family planning and birth control information within the Expanded Food and Nutrition Education Program of the Cooperative Extension Service. The purpose and objectives of the study were detailed in Chapter III.

The study utilized data obtained from a nationwide survey of program aides during June and July, 1971. A structured, pretested questionnaire was completed by aides in the sample and returned by mail for computer analysis at the University of Wisconsin.

Since it was important that the Extension administration in each state should understand and approve of this study before aides could be questioned, packets of questionnaires were channeled through the state Extension office (at the Land-grant universities), to EFNEP unit offices (usually the county Extension office), thence to aides. (See Appendix Exhibit 1 for explanatory cover letter to state Extension Home Economics leaders.)

The Sample

It was desired to draw a sample of respondents in such a way as to give every aide in the program an equal chance of receiving the

questionnaire. The procedure described below was used to assure accomplishment of that aim.

As of January 31, 1971, there were 7,158 aides employed in the EFNEP program (24), distributed throughout the 50 states, Puerto Rico, the Virgin Islands, and the District of Columbia (hereafter called "the states" for brevity). This was the base number of aides used in drawing the sample.

From the national EFNEP office in the Extension Service, U.S. Department of Agriculture, a listing was obtained of all state EFNEP units by number (there were 932 eligible units), along with the number of aides employed by each unit as of January 31. There is no central listing of aide names.

Through the facilities of the University of Wisconsin Survey Research Laboratory, a random sample of 478 respondents, stratified proportionately by states, was drawn. A computer program was used to generate the random selection of numbers within each state. The resulting computer printout gave the number of aides needed for each state sample, and a list of random numbers to identify the selected respondents.

For example, in a state with 68 aides, the sample size was 4. The computer therefore yielded four random numbers between 1 and 68. They happened to be numbers 4, 7, 37 and 53. The roster of EFNEP units for this state listed the unit number, with the number of aides in each unit, as shown below. The number of aides was added cumulatively, as shown.

Unit No.	No. of Aides	Cumulative total of aides	Aide Selected
001	5	5	Aide 4
002	4	9	Aide 2
003	19	28	
004	6	34	
005	7	41	Aide 3
006	10	51	
007	4	55	Aide 2
008	2	57	
009	6	63	
010	5	68	

The lowest random number for this state was 4. Counting from the top, in the cumulative total column, we find that number designating Aide 4 in Unit 001. The next random number was 7, and counting down the column, we find 7 would fall into Unit 002, the second aide down the alphabetized list of aides in that unit. The next random number, 37, falls into Unit 005, Aide 3 on their list, and so forth.

Thus, the random numbers designated which EFNEP units were chosen within states, and which aides were to be selected from each unit. Some large units had, through chance, more than one aide chosen.

The packet mailed to the state Extension Home Economics leader contained the explanatory cover letter and individual stamped packets of questionnaires designated by unit number. The state Extension office addressed and mailed these to the unit supervisors.

The final step was handled by the local EFNEP unit supervisor (usually the county Extension home economist), who was given simple directions in the letter with the packet she received (see Appendix Exhibit 2). She had only to look at her alphabetized list of aide names and pick the number written into the blank in her letter. For instance, the supervisor in Unit 002 of the state example given above would be asked to give the questionnaire to aide number 2 on her list.

Selected aides each received a questionnaire and stamped return envelope for their completed questionnaires. Appendix Exhibit 4 lists states, with the number of aides sampled in each, as well as the number of returns received from aides in each state.

The Questionnaire

The survey instrument for this study took the form of a six-page questionnaire (Appendix Exhibit 3) designed with special attention to simplicity and readability, in consideration of the expected lower limits of the educational level of respondents. It checks out at the 8th grade level or less on the Gunning "Fog Index" test for readability (35). Colloquial words and phrases were used where possible for greater understandability. Because respondents were asked to complete the questionnaire without discussing their answers with anyone, each question had to be self-explanatory. Relatively unfamiliar terms such as "marital status" were not used. Any hint of moral judgment was avoided; the word "husband" was never used, for example.

The questions, though designed to elicit specific answers useful for the immediate needs of the present study, are based in the rationale of the scientifically formulated "K-A-P" family planning questionnaires now used in the population programs of many other nations (1). The more elaborate international K-A-P (Knowledge-Attitude-Practice) surveys attempt to determine the extent of the citizenry's knowledge, attitudes, and practices in regard to family planning and contraceptive methods in specified regions or countries. This kind of survey is used particularly as an evaluative tool in economic development programs.

However, though such questions as are asked in this study are far from unique in the world view, they were considerably "toned down" here to avoid any possibility of offense to respondents.

Since economic level and salaries of aides are within a nearly uniform range across the country, the income factor becomes a fairly insignificant variable, and was omitted from the questionnaire. In the pretest, aides who spoke freely of their contraceptive practices were reticent about income.

The final, open-end question at the close of the questionnaire was provided for any unstructured comments respondents might care to offer.

The respondent was told not to put her name on the questionnaire, and was assured of the absolute privacy of her answers. No questionnaire can be identified with the sender. This confidential treatment of aides' responses was considered vital to obtaining representative replies.

Pretesting

A preliminary questionnaire was pretested with eight EFNEP program aides at the county Extension office in Rockford, Illinois, on May 24, 1971. Their realistic comments were most helpful in clarifying and shortening the questionnaire and in encouraging the author as to the necessity for the study.

Procedure

The first packets were mailed from Madison, Wisconsin, to state Home Economics leaders on June 11 and 12, and some of the first replies had arrived back at the University of Wisconsin by June 18. The procedure was necessarily time-consuming, as states had to address and

mail packets to unit offices, where supervisors had to obtain aides' replies when they came into the office, then see that the return envelopes were mailed either by themselves or the aides. A few responses were still arriving after the coded data went to the computer in late July.

Questionnaires were numbered as they came in and coding begun immediately. The services of the University of Wisconsin Survey Research Laboratory were engaged for coding, keypunching, and computer programming of data.

Analysis of Data

Analysis of the data was done in three stages. First, a descriptive frequency count analysis was run by computer to detect trends and groupings of total numbers and percentages.

Then a computer program was used to obtain cross tabulations of variables in order to make analytical comparisons. To test the significance of the relationships discovered, the Chi-square technique was used. Significance was determined at the conventional .05 level.

As a third method of analysis, a correlation matrix was obtained, through computer program, of 11 interval data variables.

Data from each of the three methods were used in testing hypotheses as well as in detecting significant relationships among other variables in this report.

CHAPTER V

FINDINGS AND INTERPRETATION

To bring out specifically what this study reveals, the findings are first presented in the order of the questions in the survey instrument. These fall into four main sections: the first reports general demographic characteristics of the respondents; the second describes selected characteristics of EFNEP clientele families; the third explores aides' knowledge, attitudes, and practices regarding birth control and family planning, and their perceptions of some related factors among EFNEP families; and the fourth shows findings relevant to aides' current and potential participation in communications about family planning.

The computer printout of data is included for reference as Appendix 6.

A fifth section is comprised of findings resulting from testing hypotheses against data from the earlier sections.

The original design was to use data from Question 28, "Do you believe families should plan how many children to have?"--a direct family planning attitude question--as the discriminating (dependent) variable for comparison in testing the statistical significance of other (independent) variables. However, the almost unanimous (93.7 percent) "yes" vote by aides on that question, though an extremely informative finding, rendered that question nearly useless for

statistical purposes. (When everyone agrees, there are no significant differences to compare against. In statistical language, data suffer from "truncated range.")

Therefore, it was decided during analysis that data from Question 26, pertaining to aides' actual practice of birth control methods, might be a better discriminator of underlying attitudes toward family planning than the more strictly attitudinal query.

Statistical data are important, but comments written by aides are also included and are considered essential findings, if less amenable to coding.

In the open-end question at the close of the questionnaire, aides were invited to give further comments about family planning or birth control, and "to feel free to say anything you really think." With the assured protection of anonymity, the respondents in many cases expressed their views with a depth of feeling that reveals far more than the statistical data.

Throughout this study, quotations from those comments are used where pertinent. They are unexpurgated and unedited except to protect identity, and are transcribed literally from the original. It is hoped that the reader will see beyond the sometimes imperfect grammar and spelling to sense their humanity.

Whatever the respondents have said, these quotations should not in any way be taken as an embarrassment to the EFNEP program, for never with more truth could it be stated that: "The opinions expressed here are not necessarily those of the sponsor."

The Extension State Home Economics leaders who were kind enough --and courageous enough--to allow the author to question the randomly sampled program aides in their states have no further responsibility for the findings.

SECTION 1--Characteristics of Aides

We began the inquiry into the basic demographic characteristics of respondents by locating them geographically with the question:

Q. 1--What state do you work in?

Appendix Exhibit 4 lists states, with the number of aides sampled from each, and the number who responded from each.

Of the 478 questionnaires originally sent to states, 364 were returned in time to be coded and included in the computer analysis. Eleven more arrived too late to be included in the study.

Of the questionnaires not returned, 85 were accounted for by those sent to states that did not participate in the study. Of the 393 questionnaires accepted by states to be given to aides, 375, or 95 percent, were completed and returned. This is considered a high rate of return, although only 364 arrived in time to be used.

States where an administrative-level decision was made not to participate included Alabama, Ohio, Tennessee and Wisconsin. There was no reply from Nevada, Kansas or the District of Columbia. After 4 weeks in the U.S. mails, the California packet arrived there too late for participation to be considered.

Among the reasons given by abstaining states were:

> "Family planning is not part of our educational program with Expanded Food and Nutrition Education Program Assistants."

". . . some program assistants and faculty members are violently opposed to family planning . . . ."

"It has been our policy to shield the program assistants and the families with whom we are working from solicitors and surveys . . . ."

"There are many relevant subject matter surveys that they need to respond to, and we should like to use their time on these."

"Our major concern was the implication that they [program assistants] should be teaching in this area."

As replies from aides were received, they were coded according to the Cooperative Extension Service region in which the state is included, as Northeastern, Southern, North Central and Western, with the expectation that these breakdowns would be useful for further analysis.

A map showing the states by Extension region is Appendix Exhibit 5.

Regions

The following table shows how respondents were distributed by Extension region:

TABLE 1.--Respondents by Extension region

Region	Number	Percent
Northeastern	69	19.0
Southern	180	49.4
North Central	79	21.7
Western	36	9.9
Total	364	100.0

The Southern region claimed nearly half of the respondents, even in the absence of representatives from Alabama and Tennessee, which would have contributed 38 more. The West, with only 10 percent, was the least represented.

Q. 2--How long have you been in your present job?

The aides' answers were coded by exact number of months, and time in job ranged from 1 to 30 months. Thirty months was the length of time the EFNEP program had been in effect--2 1/2 years in July--as this survey was being conducted. A few aides listed lengths of time over 2 1/2 years, possibly counting previous similar pilot project jobs, and these were coded as 30 months. The mean length of time aides spent in the job was 19 months.

Table 2 shows aides' length of time in the job.

TABLE 2.--Aides' length of time in job

Time in job	Number	Percent
1 year or less	103	28.3
From 1 to 2 years	111	30.5
More than 2 years	146	40.1
No reply	4	1.1
Total	364	100.0

This was an experienced group of working women. About 40 percent had worked more than two years, compared to 28.3 percent who had worked a year or less. Only 30 had worked less than 6 months.

Q. 3--Would you say the area where you work is...

This question was aimed at obtaining some picture of the rural-urban character of the localities where aides work. However, a spot-check of a sampling of postmarks on return envelopes, against an atlas, indicated that aides are probably no better or worse than the general run of citizens at estimating populations of localities. Sometimes they were quite exact, and rarely were more than one category off from

a correct estimate, assuming that their envelopes were mailed from the job locality. This kind of information, of course, could be obtained with more exactitude from Extension Service data, if necessary.

Table 3 outlines the aides' perceptions of the size of the places in which they work.

TABLE 3.--Size of area where aides work

Size of area	Number	Percent
Big city (over 500,000 people)	47	12.9
Small city (50,000 to 500,000)	81	22.3
Medium size town (10,000 to 50,000)	70	19.2
Small town (under 10,000)	95	26.1
Open country	62	17.0
No reply	9	2.5
Total	364	100.0

The ratings were fairly evenly divided through the three middle ranges, with a slight predominance in the 26 percent categorized as "small town."

It is interesting to note how closely a grouping of the top three categories (54.4 percent) and the last two (43.1 percent) compares with U.S. Department of Agriculture statistics on the March, 1970, residence of EFNEP families: 59 percent urban, and 41 percent farm and rural nonfarm (34).

Q. 4--What is your age?

EFNEP program aides are women of established maturity--their mean age is 42--but individuals in this study covered a wide range in age, from 21 to 67 years. Only 45, or about 12 percent, were under 30 years of age, while 16 were 60 or older. Table 4 shows the major age groups.

TABLE 4.--Age groups of EFNEP program aides

Age group	Number	Percent
Under 35	102	28.0
35 - 49	163	44.8
50 and over	98	26.9
No reply	1	.3
Total	364	100.0

With the 15-year-interval groupings shown in Table 4, the largest number, 163, and percent, 44.8, fall into the middle years, with the younger and older groups about equally represented in numbers.

Q. 5--Did you grow up mostly in...(a city, a town, or the country)?

Again, with loosely defined categories, the aim was to obtain the aide's own impression of whether she was a city, town, or country girl. Since rural-urban background has been found to have some influence upon family planning attitudes and practices in other studies, this factor was thought worth checking (see Table 25). Table 5 shows where EFNEP aides said they "mostly" grew up.

TABLE 5.--Rural-urban background of aides

Place	Number	Percent
A city	102	28.0
A town	94	25.8
The country	163	44.8
No reply	5	1.4
Total	364	100.0

The largest proportion of aides, 44.8 percent, grew up in a "country" background, yet, as we saw in Question 3, 54 percent are working in what might be considered an "urban" setting. This may show that the EFNEP aides are taking part in the long-term nationwide movement from rural to urban areas, and that some of them have had to adjust the attitudes and socialization processes of a rural home background to the stresses of metropolitan living and working.

Q. 6--How many years of school did you complete?

Aides reported their years of formal schooling as ranging from 2 to 17 years, with the bulk for any one grade--45 percent--clustered at the 12th grade or high school graduate level. Their mean number of years of school was 11.5.

TABLE 6.--Education of aides

Years of school	Number	Percent
8 years or less	39	10.7
9 - 12 years	256	70.3
More than 12	66	18.2
No reply	3	.8
Total	364	100.0

Q. 7--Are you...(Protestant, Catholic, Jewish, other religion)?

Since religious beliefs may affect attitudes and practices toward family planning and birth control, this was considered a most relevant question for this study. Table 7 shows aides' responses as to their own religion.

TABLE 7.--Religion of aides

Religion	Number	Percent
Protestant	284	78.0
Catholic	71	19.5
Jewish	1	.3
Other	5	1.4
No reply	3	.8
Total	364	100.0

The greatest majority of aides, 78 percent, are seen to be Protestant, with 19.5 percent Catholic. There was one Jewish aide in this sample. While five aides listed themselves as "other" with no further explanation, it was found in dozens of cases that respondents checked "other," then invariably wrote in the name of one of the Protestant denominations, such as "Baptist" or "Pentacost." This was such a frequent pattern that it soon became clear that the word "Protestant" was not well defined among all of the aide group. This had not shown up in pretesting, in spite of the care that had been taken with the readability level of the instrument.

In a cross-tabulation analysis of aides' religion with the family planning attitudinal Question 28--"Do you think families should plan the number of children to have?"--religion proved to have no statistical significance (see Table 8).

Although a small percentage more of Catholic aides than Protestant aides said "no" to whether families should plan the number of their children, this amount proved not statistically significant under Chi-square analysis.

TABLE 8.--Religion of aides as a factor in their belief that "families should plan the number of children to have."

Religion of Aide	Should families plan? Yes	No
Protestant	271 (95.8)	12 (4.2)
Catholic	62 (89.9)	7 (10.1)

$X^2 = 2.72$ d.f.= 1 (Not significant)

Religion is the first variable in the questionnaire for which we find related comments among those which aides wrote in open-end Question 52. For a subject that was considered an important factor in designing the study, it elicited relatively little comment from aides. Three of the comments that referred to religion are quoted below.

> Case 052--North Central Region, age 50, White, Protestant, 12 years school, married, 3 children:
>
> "The subject has never come up with any of my families. If it were to, I believe I would refer them to their doctor or clergyman."
>
> Case 121--Southern Region, age 38, White, Catholic, 12 years school, separated, 10 children:
>
> "I feel I could not in all sincerity teach something I do not believe in. My faith forbids me to promote birth control."
>
> Case 087--Northeastern Region, age 50, White, Catholic, 12 years school, married, 6 children:
>
> "If for any reason a family desires to practice birth control they discuss it with their religious leader and doctor then form their own opinion and do what they think best in their particular situation."

Perhaps the lack of comment on the religious aspect of family planning is not so surprising in the light of the finding in Beasley's

New Orleans study (5) that 89 percent of the Catholic women in his sample either did not know if their church had a policy on family planning, or could not explain the policy.

Q. 8—Are you...(ethnic group checklist)?

Ethnic background of aides was asked for two reasons: first, as an indicator of possible needs in designing communications materials with which special audiences might feel empathic identity; second, as a variable which could be tested for significance against family planning attitudes and practices. Table 9 shows the proportions of ethnic groups reached in this study.

TABLE 9.—Ethnic group of aides

Ethnic group	Number	Percent
White	167	45.9
Negro (Black)	152	41.8
Spanish-American	39	10.7
Indian	4	1.1
Oriental	1	.3
No reply	1	.3
Total	364	100.0

This sample, with about 46 percent white, 42 percent Negro, and 11 percent Spanish-American, shows strong similarity to the March 1970 data in the U.S. Department of Agriculture analysis (34) of the ethnic group of EFNEP aides, which showed them to be 43 percent Caucasian, 43 percent Negro, and 11 percent Spanish-American. Four Indian and one Oriental respondent were included in this randomly sampled study.

Of interest to communications specialists may be a notation that during pretesting, there was divided opinion among ethnic group members as to whether "Negro" or "Black" should be used on the checklist.

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Since this terminology is now in a state of flux, both words were used. The only indications that aides gave this matter particular thought were from one respondent who marked out "Black" and wrote in "brown," and another who marked out "Negro." Ethnic group was not a subject of comment in any of the write-in replies.

It has been suggested of family planning programs that "Some of the poor, particularly poor Blacks and poor Chicanos, suspect the motivations of politicians and bureaucrats" who say "state their primary interest as saving tax dollars that otherwise would be spent for welfare support" (30).

Such anti-family-planning viewpoints were not borne out by the women in this study, in which 92 percent of Negro and 100 percent of Spanish-American respondents expressed themselves in Question 28 as favoring family planning, and in which 63 percent Negro aides and 56 percent of Spanish-American were represented among those who said they have used birth control methods themselves, in Question 26. (For all aides, the latter figure is 64 percent.)

Cross-tabulation of data revealed the facts shown in Table 10.

TABLE 10.—Ethnic group of aides compared to their belief that families should plan the number of children to have (from 360 respondents)

Ethnic group of aides	Should families plan?			
	Yes		No	
White	168	(95.5)	7	(4.5)
Negro	140	(92.1)	12	(7.9)
Spanish-American	30	(100.0)	0	(0.0)
Indian	3	(75.0)	1	(25.0)
Oriental	1	(100.0)	0	(0.0)
Total	340		20	

The expected cell values of this table were too small for Chi-square comparison, but the table shows the very high agreement among aides that families should plan the number of children to have.

Q. 9--Are you now...(married, divorced, widowed, separated, never married)?

With this question we approach an area pertinent to aides' attitudes toward family planning and birth control. Table 11 indicates aides' marital status.

TABLE 11.--Marital status of aides

Marital Status	Number	Percent
Married	273	75.0
Divorced	27	7.4
Widowed	28	7.7
Separated	25	6.9
Never married	10	2.7
No reply	1	.3
Total	364	100.0

We see that EFNEP program aides are well experienced with the married state, with 97 percent having been married at some time. The great majority--75 percent--are married now, while 22 percent are about equally divided among the formerly married groups of the divorced, widowed, and separated. Fewer than 3 percent have never been married.

Q. 10--How old were you when first married?

Age at first marriage has been found in some studies to be a factor related to parity (number of children), and therefore pertinent to a study of family planning factors. Aides' mean age at first marriage was 19.6 years.

Ages ranged from four aides who were married at 13 to one married for the first time at 33. Most, 68 percent of respondents, were married at ages 18 to 24, while 22 percent were married before they were 18, and 6.6 percent married at 25 or older.

Q. 11--How many years of your life have you spent married?

The rather odd construction of this question was deliberate, and was designed to prevent replies from referring only to current marriages, as the more usual "How long have you been married?" could elicit. This proved clear to the pretest group.

The amount of their lifetimes aides have spent married corresponds logically with their maturity of age, as noted in responses to Question 4. The wide range of time married--from 1 year to 48 years--relates closely to the 46-year variance in their age range. The mean was 21 years of marriage.

Those married less than 15 years, 26 percent, and over 30, 21 percent, were in the minority, compared to nearly half, 48 percent, in the middle group.

Q. 12--How many children have you had?

The 357 EFNEP aides who replied to this question counted among them the experience of having had a total of 1,357 children. Sixteen of these aides reported no children, but the range for the remainder was from 44 aides with one each to one aide who reported 18. Thirteen aides had 10 or more children each. The mean number of children per aide, averaging in those who had none, was 3.8. Table 12 shows the number of aides' children by categories.

TABLE 12.--Number of aides' children

Number of children	Number of aides	Percent of aides
None	16	4.4
1 - 2	109	30.0
3	64	17.6
4	55	15.1
5 or more	113	31.0
No reply	7	1.9
Total	364	100.0

Correlations

Here, at the end of the section on characteristics of aides, may be an appropriate place to bring together a description of significant correlations among selected demographic characteristics with other family planning variables. For this analysis, a correlation matrix was calculated by computer program (see Table 13).

The stronger statistically significant correlations were of the obvious sort, such as one showing that older aides have been married longer. Some of the weaker correlations, however, are worth noting. Among them were those shown between:

--Aides' age and time in job ($r = .20$, $P < .001$). Older aides have been on the job longer.

--Aide time in the job and number of families worked with ($r = .28$, $P < .001$). Those who have been on the job longer have more EFNEP families to work with.

--Time in job and number of families with female head-of-family ($r = .19$, $P < .001$). The number of female heads-of-family with whom the aide works increases with the aide's time on job.

--Age and age at first marriage ($r = .20$, $P < .001$). Older aides were married at an older age than younger aides.

--Age and number of times asked for birth control information ($r = .11$, $P < .05$). Older aides are more frequently asked for information on birth control.

--Education and age at first marriage ($r = .32$, $P < .001$). Aides with more education were married later.

--Education and number of children, a negative correlation ($r = -.20$, $P < .001$). Aides with more education have fewer children.

--Education and length of time married ($r = -.12$, $P < .05$). Those with more education have been married a shorter time.

--Length of time married and ideal number of children ($r = .12$, $P < .05$). Aides who have been married longer think larger families are better.

--Education and ideal number of children ($r = -.21$, $P < .001$). This negative correlation shows that those with a higher amount of education name a smaller number of children as the "best" for a family.

--Age at first marriage and aides' number of children ($r = -.28$, $P < .001$). Those married later have fewer children.

--Length of time married and hours spent watching television ($r = -.17$, $P < .005$). Aides married longer watch less television according to this negative correlation. This may be partly a factor of age, which also shows a weak negative correlation ($r = -.12$, $P < .05$) with television watching.

TABLE 13.--Correlation matrix of demographic characteristics of EFNEP program aides and family planning and communications related variables (Number of observations: 364)

Variable	1	2	3	4	5	6	7	8	9	10	11
1. Time on job	1.00										
2. Age	.20++	1.00									
3. Education	.03	-.08	1.00								
4. Age at first marriage	.07	.20++	.32++	1.00							
5. Length of time married	.20++	.88++	-.12*	-.08	1.00						
6. Aides' no. of children	.05	.03	-.20++	-.28++	.09	1.00					
7. No. of families worked with	.28++	.03	.05	-.03	.10	-.02	1.00				
8. No. female heads of families	.19++	.01	.06	.02	-.02	.05	.60++	1.00			
9. Ideal no. of children	.07	.10	-.21++	-.07	.12*	.25++	.16**	.11	1.00		
10. No. times asked for birth control information	-.09	.11*	-.06	.03	.06	.04	-.07	.05	.12*	1.00	
11. Hrs. watched television	.08	-.12*	.01	-.01	-.17+	-.02	.03	.10	.10	.04	1.00

*(P < .05) **(P < .01) +(P < .005) ++(P < .001)

--Number of families worked with and aides' ideal number of children ($r = .16$, $P < .01$). Aides working with more families also hold to a higher ideal number of children.

--Number of aides' children and their ideal number of children ($r = .25$, $P < .001$). This is a positive correlation indicating that aides have close to the number of children they think best. (This is confirmed by figures showing that aides have a mean of 3.8 children each, while their ideal is a mean of 3.6.)

SECTION 2--Characteristics of EFNEP Families

Aides were asked about selected characteristics of their EFNEP families in order to obtain general information for the study without requiring aides to check records for detailed data. Answers to Questions 13 through 17 are of the sort aides could write down from memory. Each is considered pertinent to the total picture of aide-family communicative relationships in the area of family planning.

Q. 13--How many EFNEP families do you work with?

Aides reported the number of families they work with as ranging from 5 to more than 100. Since "work with" to some aides may mean the number of families officially enrolled, and to others could include those taught in a one-time group meeting, a coding cut-off point was set at 98, to keep the numbers within the probable bounds of real working conditions. The U.S. Department of Agriculture summary (34) showed that a full-time aide was responsible for an average of 48 program families. The 353 aides who responded to this question reported working

with a mean of 44.2 families each, or a total of about 15,600 families. If that mean held true for the 11 aides who did not reply, then aides reaching about 16,000 EFNEP families are represented in this study.

Table 14 indicates that 18.4 percent of the aides work with more than 60 families.

TABLE 14.--Number of EFNEP families per aide

Number of families worked with	Number of aides reporting	Percent of aides
20 or less	52	14.3
21 - 40	134	36.8
41 - 60	100	27.5
More than 60	67	18.4
No reply	11	3.0
Total	364	100.0

Q. 14--Are your EFNEP families mainly...(Protestant, Catholic, Jewish, other religion)?

This question was aimed at eliciting the aide's impression of the religious composition of her families, with the expectation that "mainly" would give a general majority picture. At least 27 aides could not define a majority and wrote in that they had both Protestant and Catholic families. And, again, the word "Protestant" proved confusing, as aides wrote in Protestant denominations under the "Other" heading.

Table 15 gives aides' perceptions of the religious preferences of EFNEP families. Religion of aides (Question 7), with 78 percent Protestant and 19.5 percent Catholic, was almost exactly proportionate to the way they perceived the religion of EFNEP families--73 percent

TABLE 15.--Religion of EFNEP families

Religion of majority families	No. of aides reporting	Percent of aides reporting
Protestant	266	73.1
Catholic	49	13.5
Jewish	0	.0
Other (unspecified)	8	2.2
Protestant & Catholic	27	7.4
No reply	14	3.8
Total	364	100.0

Protestant and 13.5 percent Catholic. Percentage points apparently came off both groups in Question 14, to be added to "uncertain" categories.

The fact that individual aides perceive a close homophily of religion with the families they personally work with is shown in Table 16.

TABLE 16.--Religion of aides, compared with the religion of the majority of families they work with, as perceived by aides (from 312 respondents)

Religion of aide	Religion of families worked with: Protestant	Catholic
Protestant	244 (95.3)	12 (4.7)
Catholic	19 (33.9)	37 (66.1)

$X^2 = 126.18$ d.f.= 1 ($P < .001$)

The religion of aides was highly associated with their perception of the religion of most of their families, proving statistically significant above the .001 level.

Q. 15--Are most of them...(White, Negro, Spanish-American, Indian, Oriental, other)?

Aides viewed "most" of their EFNEP families as shown in Table 17.

TABLE 17.--Ethnic group of families

Ethnic group	Number of aides	Percent
White	133	36.6
Negro	151	41.5
Spanish-American	38	10.4
Indian	6	1.6
Oriental	1	.3
2 or more categories marked	33	9.1
No reply	2	.5
Total	364	100.0

More than 9 percent of aides responding could not define a majority ethnic group among the families they work with.

Comparing results of this question with those of Question 8 (ethnic group of aides) shows an almost exact correlation between the percentages in all but the "white" category. Aides are 10.7 percent Spanish-American, while EFNEP families are classified by aides as 10.4 percent from that group. Also, the Negro aides, at 41.8 percent, were comparable to the aides' perception of families as 41.5 percent Negro. The "Oriental" category is the same, at .3 percent, and the Indian is within half of a percentage point. The 9.4 percent difference between white aides and families may be accounted for by the "two or more" category.

It appears that aides perceive their ethnic homophily with families as quite high. A cross-tabulation analysis showed that 83.7 percent of white aides said they work mostly with white families; 92 percent of Negro aides said they work with mostly Negro families, and 97 percent of Spanish-Americans said Spanish-Americans make up the majority of their families. Such similarities could prove important in communicating family planning information.

Q. 16--How many of your EFNEP families are headed by a woman alone?

Women who must serve alone as head of the family, whatever their marital status, face many difficult problems, sometimes including that of family planning. Of the 347 aides who replied to this question, 11 said they had no such families, but 336, or 92.3 percent of the respondents, reported a total of almost 5,800 EFNEP families headed by a woman alone. Comparing with Question 13, showing about 16,000 families served by the aides in this study, we see that about 36 percent of these families are headed by women. The mean number of such families reported was 16.7 per aide.

Table 18 gives a breakdown of the numbers of such families, as perceived by aides.

TABLE 18.--Number of families headed by a woman alone

Number of families headed by women	No. of aides reporting	Percentage of aides reporting
None	11	3.0
Under 10	128	35.2
10 to 19	110	30.2
20 or more	98	26.9
No reply	17	4.7
Total	364	100.0

Most aides--68.4 percent--reported fewer than 20 such families. The problems of women alone were the subject of a number of comments by aides, of which the following are representative.

Case 073--Southern region, age 47, Negro, "other" religion, 12 years school, married, 10 children:

"I think more women would use birth control if they were taught about it. One of the problems I find in these homes are mother with no husband and their daughters become unwed mother also. Most of the big families have only two bedrooms and think of having babies as a duty and the men says it is the womans fault in some cases."

Case 248--N. Central, age 48, Negro, Protestant, 12 yrs. school, married, 6 children:

"I think more families should use or learn more about Family Planning, espically the younger, single homemakers. It would be good to have a Doctor or Nurse to go into some areas to explain the different methods of Birth Control and it safety."

Q. 17--What is the most children of any one mother in your EFNEP families?

Size of families has relevance to family planning communications, but we could not expect the aide to give a count of all the children in EFNEP families. The present approach gives some idea of the scope of the problem of the largest families. The aides were specifically asked about the most children "of any one mother" to avoid counts of multiple-family households.

The reported family sizes ranged from 2 to 21 children as the "most." Families of 13 or more children were reported by 71 aides. Table 19 shows groupings of largest family sizes by number of aides reporting those sizes.

TABLE 19.--Largest numbers of children in EFNEP families

Most children	No. of aides reporting	Percentage reporting
6 or less	31	8.5
7 - 9	118	32.4
10 - 12	139	38.2
13 or more	71	19.5
No reply	5	1.4
Total	364	100.0

SECTION 3--Family Planning Knowledge, Attitudes, and Practice

In this section, after a brief pause to inquire into the aide's concept of the ideal family size, the questionnaire plunges into the heart of the matter, with direct questions on birth control and family planning--what the families have been asking, what the aide thinks and does about aspects of this subject, and how she perceives the family planning attitudes and practices of her EFNEP clientele.

Q. 18--What do you think is the best number of children for a family?

The question of ideal family size appears in most of the international K-A-P (Knowledge, Attitudes, Practice) surveys (1), and researchers argue as to its usefulness in determining probable fecundity of national populations (36, p. 373). It is used here to test whether aides have attained the family size they aspire to. The factor of actual number of children compared with desired number of children is considered to be one determinant of attitudes toward family planning. Table 20 outlines the findings of this study in regard to ideal family size.

TABLE 20--Aides' ideal number of children

"Best" number of children	Number of aides	Percent
1 - 2	60	16.5
3	65	17.8
4	148	40.7
5 or more	37	10.2
No reply	54	14.8
Total	364	100.0

The table shows that the largest single group of aides, about 41 percent, believe 4 children is the "best" number for a family. The fairly large 14.8 percent "no reply" category resulted mostly from uncodable responses such as two figures, or write-ins such as "Whatever they can feed."

It is worth noting that, while aides themselves have a mean of 3.8 children (Question 12), their mean ideal number of children is 3.6. On the average, then, they have somewhat more children than they would like to have, but are fairly close to their "best" number.

The recent Bumpass and Westoff studies (21) showed that the desired number of children for families in the general U.S. population averages near 2.5. Freedman, et al. (33, p. 402), stated confidently in 1959 that "all classes of the American population are coming to share a common set of values about family size." The present study does not confirm that statement.

However, a young aide who made the only write-in comment mentioning an ideal number of children, favored fewer than the mean number expressed by aides:

Case 305--West, age 22, Spanish-American, Catholic, 12 years school, married, one child:

"I'm very much for family planning if you are having problems financially or health problems. I also think two children per family is enough if you are thinking about their futures."

A Chi-square test of significance was done to determine whether aides' religion would make a significant difference in their idea of the "best" number of children for a family. The resulting data are shown in the following table.

TABLE 21.--Religion of aides as a factor in their choice of the "best" number of children for a family (from 303 respondents)

Aides' choice of "best" number of children	Religion of Aides: Protestant	Catholic
1 - 2	51 (21.0)	7 (11.7)
3	47 (19.3)	16 (26.6)
4	116 (47.7)	30 (50.0)
5 or more	29 (12.0)	7 (11.7)
Totals	243 (100.0)	60 (100.0)

$X^2 = 3.48$ d.f. = 3 (Not significant)

The religion of aides made no significant difference in the number of children they believe is the ideal family size.

A test to measure the effect of white or Negro ethnic background on aides' ideal number of children did show significance, as shown in Table 22. Negro aides indicated that they believe a larger number of children is "best," than did white aides.

TABLE 22.—Ethnic background of aides as a factor in their choice of the "best" number of children for a family (from 274 respondents)

Aides' choice of "best" number of children	Ethnic background of aides White	Negro
1 - 2	39 (27.7)	19 (14.3)
3	40 (28.3)	16 (12.0)
4	55 (39.0)	72 (54.1)
5 or more	7 (5.0)	26 (19.6)
Totals	141 (100.0)	133 (100.0)

$X^2 = 30.42$ d.f. = 3 ($P < .001$)

Q. 19—Have any of the women or girls in your EFNEP families ever asked you for advice on "family planning" or "birth control"?

Nearly two-thirds of EFNEP program aides have been asked for such advice. On this important question, the tabulation speaks graphically for itself:

TABLE 23.—Aides who have been asked for advice on family planning

Response	Number	Percent
Yes	238	65.4
No	126	34.6
Total	364	100.0

Every aide replied to this question. When 65.4 percent of aides say that the women in EFNEP families have asked them for family planning or birth control information, it is obvious that a fair amount of communication has taken place on these subjects.

Some aides commented on the inquiries they had received:

Case 364--Northeast, Age 31, White, Protestant, 12 years school, married, 2 children:

"I have 2 women who are enrolled in the E,F,N.E.P. and are going to the birth control center in our area -- They are very satisfied with this. Since they have gone - I have had numerous questions from some of my other families on this - As to whether there are pamphlets available & will I bring them some. I am checking into this now. I feel once a person in this social standing has taken the plunge, so to speak, everyone else will more or less do the same thing."

Q. 20--If so, how many have asked you this kind of question in the past year?

The aides had to do some remembering here, and perhaps estimate on this question, since they would be unlikely to have kept records on this subject. Of the 232 aides who reported a specific number of requests for family planning or birth control information, 53.5 percent said they had been asked by 1 to 5 women, 33.6 percent by 6 to 15 women, and 12.9 percent by 30 or more. Respondents reported a mean number of 36 remembered requests for such information.

Q. 21--If they asked, did you give them advice?

When an aide was asked for information, she usually gave some kind of advice. Of the 239 aides who responded to this question, 231, or 96.6 percent said they had given advice when asked for it.

The kinds of advice they gave were brought out by Question 22.

Q. 22--What did you tell them?

Of the 228 aides who answered this question, their write-in replies could be coded as follows:

--16 suggested a specific method
--56 suggested that the woman see a doctor or nurse
--76 referred women to Planned Parenthood
--57 suggested that they go to a clinic or health department
--23 suggested "other" answers not codable under these headings.

The kind of advice-giving mentioned by aides is typified by the following comment:

Case 237--N. Central, age 28, White, Protestant, 12 yrs. school, married, 3 children:

"The families I work with need this help. Some of them talk freely. We have the O.E.O. program that is helping out a great deal. I tell them about the clinic and about our O.E.O. workers."

Q. 23--Did you ever give a woman a booklet or leaflet about birth control?

While 28 percent of aides said they had used a booklet or leaflet for this purpose, 70 percent said they had not. (There were 5 "no replies.")

One aide from the Western Region enclosed a copy of the leaflet she uses for homemakers, titled Be Happy, Plan Your Family, which shows a map and clinic hours for the local Planned Parenthood clinic. She was one of the 103 aides in the sample who said they do use booklets or leaflets.

Such printed materials may not be easily available. Here is one of several comments in which aides said they need such booklets:

Case 193--Western Region, Age 42, Spanish-American, Catholic, 12 years school, married, 2 children:

"I think they shouldn't have so many children because there are some that have 13 or 14 children, They have a hard time raising them. Besides they live in very small flats or homes & are over crowded & they have a hard time feeding and clothing them. If we only had a clinic or booklets to give them to help them understand a way to take care of themselves."

Q. 24—Have you ever volunteered advice on family planning to your EFNEP homemakers?

While it was previously noted that two-thirds of the EFNEP aides have been asked for advice, we now learn that nearly 41 percent of them say they have volunteered advice to homemakers on family planning.

Q. 25—Is there a family planning clinic in your area?

At least 74 percent of aides say there is a family planning clinic in their area; 12.6 percent say there is none; and about 12 percent don't know. (There were four "no replies.")

Q. 26—Have you ever used a birth control method?

Nearly two-thirds of aides (64 percent) say they have used a birth control method. About 35 percent say they have not, and three aides did not reply to this question.

As mentioned at the beginning of this chapter, it was decided that data from this question on birth control practices would serve as a useful measure of aides' underlying family planning attitudes, against which to test the statistical significance of other variables as related to these attitudes.

Considering the importance that such a role assigns to this question, it should be noted that a mail questionnaire has the limitation of not allowing the respondent to ask for further explanation. Question 26 does not make clear, for instance, whether methods used by the husband should also be included, although a small number of respondents did mention those methods. In a study aiming at a complete picture of the respondent's family planning methodology, including the methods used by male partners, the total of "users" would probably be higher.

With this limitation—that the probable usage of birth control methods by respondents and their partners would yield a figure higher than the 64 percent indicated here—this variable is considered to have validity as an indicator of aides' attitudes toward family planning.

An analysis was made, using the Chi-square test for significance to measure this discriminating factor of aide use of contraception against other selected variables in an attempt to discover relationships pertinent to family planning communications. Following are tabulations of data resulting from those statistical tests.

How the factor of aides' ever having used a birth control method is related to other selected family-planning-related variables:

TABLE 24.—Relationship of aides' age to their ever having used a birth control method (from 360 respondents)

Ever used method	Age group		
	Under 35	35-49	50 and over
Yes	77 (77.0)	107 (66.0)	49 (50.0)
No	23 (23.0)	55 (34.0)	49 (50.0)
Total	100 (100.0)	162 (100.0)	98 (100.0)

$X^2 = 16.03$ d.f. = 2 ($P < .001$)

Age was highly significant (at the .001 level) to aides' having ever used birth control methods. The younger age group (under 35) had a larger proportion who had used these methods than did the two older groups.

TABLE 25.—Relationship of aides' rural-urban origin to their having used a birth control method (356 respondents)

Ever used method	Place aide "grew up"		
	A city	A town	The country
Yes	66 (64.7)	63 (69.2)	101 (62.0)
No	36 (35.3)	28 (30.8)	62 (38.0)
Total	102 (100.0)	91 (100.0)	163 (100.0)

$X^2 = 1.35$ d.f. = 2 (Not significant)

There was no significant association between the aide's place of growing up and whether she had ever used a birth control method.

TABLE 26.—Education of aides as a factor in having used a birth control method (from 358 respondents)

Ever used method	Education of aide		
	8 yrs. or less	9-12 years	more than 12 yrs.
Yes	18 (46.2)	167 (66.0)	48 (72.7)
No	21 (53.8)	86 (34.0)	18 (27.3)
Total	39 (100.0)	253 (100.0)	66 (100.0)

$X^2 = 7.94$ d.f. = 2 ($P < .01$)

Aides with a higher educational level are significantly (at the .01 level) more likely to have used a birth control method than those with a lesser amount of education. While aides with 8 years of school or less were more likely to say "no" to the use question, those with more than 12 years were more likely to say they had used a method.

TABLE 27.—Religion of aides as a factor in their having used birth control methods (from 352 respondents)

Ever used method	Religion of aide	
	Protestant	Catholic
Yes	186 (66.0)	40 (57.1)
No	96 (34.0)	30 (42.9)
Total	282 (100.0)	70 (100.0)

$X^2 = 1.53$ d.f. = 1 (Not significant)

The religion of aides is <u>not</u> significantly related to whether or not they have used a birth control method.

TABLE 28.—Ethnic group of aides as a factor in their having used a birth control method (from 360 respondents)

Ever used method	Ethnic group		
	White	Negro	Other
Yes	112 (67.5)	95 (63.3)	25 (56.8)
No	54 (32.5)	55 (36.7)	19 (43.2)
Total	166 (100.0)	150 (100.0)	44 (100.0)

$X^2 = 1.84$ d.f. = 2 (Not significant)

Ethnicity of aides was not significantly related to their having used a birth control method.

Marital status of aides was significant (at the .01 level) as a factor of whether they have ever used a birth control method. The married and formerly married groups are more likely to have used contraception than the never-married (see Table 29).

TABLE 29.--Marital status of aides as a factor in their having used a birth control method (from 360 respondents)

Ever used method	Marital status									
	Married		Divorced		Widowed		Separated		Never Married	
Yes	181	(66.8)	16	(59.3)	15	(53.6)	20	(80.0)	1	(11.1)
No	90	(33.2)	11	(40.7)	13	(46.4)	5	(20.0)	8	(88.9)
Total	271	(100.0)	27	(100.0)	28	(100.0)	25	(100.0)	9	(100.0)

$X^2 = 16.27$ d.f. = 1.6 ($P < .01$)

The longer aides had been married, the less likely they were to have used a birth control method. This is probably a factor of younger ages among those married a shorter length of time.

TABLE 30.--Length of time aides have spent married as a factor related to their having used a birth control method (from 346 respondents)

Ever used method	Length of time married					
	Less than 15 yrs.		15-19 yrs.		30 or more years	
Yes	78	(82.1)	112	(64.7)	38	(48.7)
No	17	(17.9)	61	(35.3)	40	(51.3)
Total	95	(100.0)	173	(100.0)	78	(100.0)

$X^2 = 21.45$ d.f. = 2 ($P < .01$)

As aides acquire more children, they are more likely to use birth control methods. Aides' use of birth control methods was significantly related (at the .005 level) to the larger number of children they have. Those who have only one or two children are more likely <u>not</u> to have used a method than those with 5 or more children (see Table 31).

TABLE 31.—Number of aides' own children as a factor related to ever having used birth control methods (from 326 respondents)

Ever used method	Number of children			
	1 or 2	3	4	5 or more
Yes	63 (57.8)	44 (69.8)	34 (61.8)	80 (80.8)
No	46 (42.2)	19 (30.2)	21 (38.2)	19 (19.2)
Total	109 (100.0)	63 (100.0)	55 (100.0)	99 (100.0)

$X^2 = 13.69$ d.f. = 3 ($P < .005$)

Aides who have used a birth control method themselves are more likely to remember being asked for family planning information by homemakers than those who have not. This relationship is at the .05 level.

TABLE 32.—Relationship between aides having used a birth control method and their being asked for family planning information (from 361 respondents)

Ever used method	Have been asked for information	
	Yes	No
Yes	163 (68.8)	70 (56.5)
No	74 (31.2)	54 (43.5)
Total	237 (100.0)	124 (100.0)

$X^2 = 4.88$ d.f. = 1 ($P < .05$)

Aides who have used a birth control method themselves are the most likely to believe that families should plan the number of children they have. (This relationship is highly significant at the .001 level—see Table 33.)

TABLE 33.--Relationship between aides' belief that families should plan their number of children, and aides' having used a birth control method (from 358 respondents)

Ever used method	Belief that families should plan Yes	No
Yes	228 (67.1)	4 (22.2)
No	112 (32.9)	14 (77.8)
Total	340 (100.0)	18 (100.0)

$X^2 = 13.17$ d.f. = 1 ($P < .001$)

The expected cell values of Table 34 were too small for Chi-square computation because there were so few aides who had not given women advice on birth control when asked.

TABLE 34.--Aides' having used a birth control method compared with whether they gave family planning advice to homemakers (from 238 respondents)

Ever used method	Gave advice when asked Yes	No
Yes	159 (97.55)	4 (2.45)
No	72 (96)	3 (4)
Total	231	7

This test (Table 35) of whether use of a mass communications medium (television) is associated with aides' having used birth control showed that there is no relationship.

TABLE 35.--Relationship of aides' use of a mass communications medium (television) with aides' having used a birth control method (from 357 respondents)

Ever used method	Use of television (daily hours watched) None	1 hour	2 hours	3 or more hours
Yes	66 (65.4)	71 (65.1)	59 (66.3)	35 (60.3)
No	35 (34.6)	38 (34.9)	30 (33.7)	23 (39.7)
Total	101 (100.0)	109 (100.0)	89 (100.0)	58 (100.0)

$X^2 = .608$ d.f. = 3 (Not significant)

There is a significant relationship (at the .05 level) between the aide's willingness to teach about family planning and the fact that she has used a birth control method herself.

TABLE 36.--Aide's willingness to teach family planning to homemakers, compared with having used birth control herself (from 355 respondents)

Ever used method	Willing to teach family planning Yes	No
Yes	214 (67.7)	18 (46.2)
No	102 (32.3)	21 (53.8)
Total	316 (100.0)	39 (100.0)

$X^2 = 6.21$ d.f. = 1 ($P < .05$)

Summary of Chi-square Analysis on Aide Use of
Birth Control Methods

We have seen that the factor of the EFNEP program aide's having used a birth control method herself is related significantly to several other variables:

—younger age
—higher education
—less time married
—having ever been married
—having had more children
—being asked for birth control information more often by homemakers
—belief that families should plan the number of their children
—greater willingness to teach EFNEP women about family planning.

Other variables tested showed no significant relationship to the aide's having used birth control methods:

—whether the aide grew up in a rural or urban area
—religion; being Catholic or Protestant makes no significant difference
—ethnic group
—use of television.

Aides' comments

The above statistical data tell a good deal about the variables that may indirectly affect family planning communications, but the personal comments related to the aides' own needs for family planning are equally important, and are among the most poignant in the study.

Case 100—South, age 24, Negro, Protestant, 14 years school, married, 2 children:

"I would just like to say, that I would like to learn more about birth control, because I'm not using anything, but I don't want any more children right now. I have two little boys already."

Case 018—North Central, age 32, Negro, Protestant, 11 years school, separated, "5 1/2" children:

"I think all homemaker want to know more about birth control. They need to know how to planning better, If I had know how to planning more i would not ben Preg know I took pill for four year i had to stop but i believe the pill do work best."

Case 252--North Central, age 31, White, Protestant, 10 years school, married at 13, 6 children:

"I really wish when I were younger having my babies one every year, someone would have talk or told me about birth control, I didn't know till I already have 6 babies."

Case 133--Northeast, age 37, Negro, Protestant, 10 years school, married at 13, 14 children:

"From experience, I had my children to young, missing out on school and most thing young people should enjoy, when a teenager. Since I a now protected from childbirth I have a job, able to preticipate in club and get involved all educational programs, planned parent hood is one of the best program going at this time for young mothers."

Case 279--North Central, age 27, White, Protestant, 12 years school, divorced, 2 children:

"Children born out of wedlock is still shocking to MOST -- Yet BIRTH Control for THESE WOMEN, to the public is Also SHOCKING. RESTRAINT IS EXPECTED BUT MOST OFTEN NOT POSSIBLE AND SOCIETY CANNOT OR SHOULD NOT DEMAND THIS -- COMMENTS MADE FROM INFO. RECEIVED THROUGH EFNEP PROGRAM AND PERSONAL EXPERIENCE HAVING MYSELF A CHILD BORN OUT OF WEDLOCK."

Case 338--West, age 36, White, Protestant, 6 years school, married at 14, 7 children:

"I feel this is a wonderful program. I just wished it was around when I was having mine..."

Case 110--South, age 35, Negro, Protestant, separated, 7 children:

"I think planning your children is the best and healthest way. I wish there had been someone to teach me something about Family Planning. I didn't even hear the words (Family Planning). This should be taught in the schools also."

Case 340--West, age 41, Spanish-American, Catholic, 8 years school, married, 7 children:

"I believe in birth control. I've practiced it for 9 yrs and wish I'd heard about it sooner -- We have a very good P.P.H. Center here and its available to every one that wants information."

Case 086--South, age 33, Negro, Protestant, married, 5 children:

"I go to family planning at ... Hospital. I must say the people who work there are the best doctors & nurses I've seen anywhere...People who go to family planning and then pregnant shouldn't blame anyone. Because I think all the form of birth control works when you use them right."

Q. 27--If so, what kind?

Of aides who specified birth control methods they had used, 157 mentioned using one method, and about half that many mentioned two or more. Methods used by males were also included.

TABLE 37.--Birth control methods ever used by aides

Method	Number of times checked	Percent of aides who checked item
1. Pills	114	31.3
2. Diaphragm	51	14.0
3. Foams and jellies	50	13.7
4. Condom	32	8.8
5. Rhythm	24	6.6
6. IUD	21	5.7
7. Douche	16	4.4
8. Operation for woman	13	3.5
9. Withdrawal	6	1.6
10. Vasectomy	4	1.0
11. Other method	3	.8

The pill is seen to be by far the leading method that has been used by aides, mentioned 114 times, by 31 percent of the respondents, but a wide range of methods had been tried. One older aide mentioned having used a "silk sponge", a method propounded by Francis Place's handbills in 1823 (38, p. 217).

Q. 28--Do you believe families should plan how many children to have?

This was considered the key question of the survey. It is carefully worded to convey exact meaning, as the more usual "Do you believe in family planning?" might not. And the EFNEP program aides sent back an unmistakable answer--YES!

TABLE 38.--Aides' belief that families should plan number of children

Reply	Number of aides	Percent of aides
Yes	341	93.7
No	20	5.5
No reply	3	.8
Total	364	100.0

This 93.7 percent vote in favor of family planning should serve as an indicator as to the acceptability of the subject matter in communications with EFNEP program aides.

Of the many handwritten comments from aides, only a small proportion can be used in this report, but here are typical notes.

Case 043--South, age 53, Negro, Protestant, 15 years school, married, 3 children:

"I think that spacing is most important in family planning. For example, I have one homemaker who always wanted six children. She has six children from 3 months to 5 years of age."

Case 349--West, age 46, White, Protestant, 12 years school, married, 7 children:

"I feel this is a very important part of all married couples lives. Discussion of birth control should start in a couple's relationship, early. When a couple knows they are going to marry they should start planning and thinking about a family and what kind of control will be most satisfactory to both."

Q. 29--Do you think the women and girls in your EFNEP families would like to learn more about family planning, including birth control methods?

This question is probing the extent of the desire that aides perceive for family planning information among their EFNEP clientele. Three-fourths of the aides--75.8 percent--thought the women and girls in their EFNEP families would like to learn more about family planning. Fewer than one percent said no, and 22.5 percent said they didn't know. Only three aides did not reply to the question.

Again, some comments tell more than the data.

Case 316--Northeast, age 53, White, Protestant, 13 years school, married, 2 children:

"The women married and unmarried desperately want information on Birth Control -- but are not getting any. They are bringing unwanted, often uncared for children into the world that will never stand a chance. They will never have enough food to eat -- very little education and are for the most part doomed to failure."

Case 205--North Central, age 54, White, Protestant, 12 years school, married, no children:

"Most of my families are very eager for Family Planning Services and it is available in our county. Since the program was put into effect, only one of my program mothers has become pregnant after being enrolled in the program. Most low-income mothers do not want more than one or two babies, and I feel that it should be available to every person who wants and needs it."

Case 085--South, age 39, Negro, Protestant, 12 years school, married, 6 children:

"I think half of the families I work with need to be told and talked to about family planning. A great deal of homemakers, that I do not work with at the present would be glad to get information about this family planning."

Case 266--Northeast, age 53, White, Catholic, 9 years school, married, 2 children:

"There is a definite need, and desire, for more information about birth control; methods, cost, safety. A lot of people would not have the intelligence to understand what they read, but I do find a thirst, in all income groups, for information on the subject."

And one aide offered insights as to why some women might not want information on birth control:

Case 164--North Central, age 42, White, Protestant, 12 years school, divorced, 5 children:

"We find the problem lies with getting the mother to the clinic. Plus they are embarrasses with Dr's & this type of physical. Some feel getting pregnant will keep their man home -- so they use this as their security. Some believe they will get more from A.D.C. Also for others they enjoy a tiny baby that can't back talk and are completely helpless to the mother. This way she is in complete control for a while."

Q. 30--Do you think they need such information?

This is another question exploring the aides' perception of the need for family planning among their EFNEP families.

On this question, respondents were again overwhelmingly certain. They answered strongly--93.7 percent--in the affirmative, by chance at the same level at which they said "yes" to family planning. Only 3.8 percent said no, and 2.5 percent did not reply.

Aides positively do think that EFNEP women and girls need information on family planning and birth control.

Following is a very small sampling of the many comments pertaining to this observed need. The first offers one rationale behind the need for family planning communications within the EFNEP program.

Case 168--West, age 47, White, Protestant, 13 years school, married, 2 children:

"It seems to be one of the greatest worries the mothers have each month if they do not use contraceptives. With this on their minds it's mighty difficult to discuss nutrition for the family they have."

Case 025--South, age 50, White, Protestant, widowed, 2 children:

"I see a desperate need (from my experience) But any method that is complicated in the least, will not prove successful with these families. Their standard of living can start to improve greatly if the mother can or would plan her family."

Case 003--South, age 51, Negro, Protestant, married, 1 child:

"Since I've worked in the Expanded Food and Nutrition Program, I feel that EFNEP should be fed a balanced diet, and in order to do this in many cases family planning is needed."

Case 048--South, age 40, Negro, Protestant, 12 years school, widowed, 1 child:

"I think family planning program would help these families because they get wrong information about birth control from friends. They need to know the truth. Some has told me birth control of any kind is dangerous. They keep on having more children and no one to take care of then. I work with teenages who get pregnant no husband and have a child every year. The Welfare take care of them."

Case 065--South, age 32, Negro, Protestant, 12 years school, married, 5 children:

"Family planning will be very helpful to so many young homemakers, Most of the homemakers have from 7 & 8 children in the family. Since I've been working in the Nutrition program I find that they do not feed their children well they just give them something to get rid of them, and kill a hungry spot. They have change quite a bit since I have been helping them nutrition wise..."

Case 303--Northeast, age 33, White, Protestant, 12 years school, divorced, 4 children:

"I feel it would be a very important step forward in helping people help themselves. Some of my families are not capable of taking care of more children. Some do not give the ones they have the care they need. I feel we "EFNEP" have a friendship with these people, Social Services, for instance, will never attain. They trust us and will listen to us better because they feel authority is not on their side but merely there to rule them."

Case 240--South, age 27, Spanish-American, Catholic, 12 years school, married, 1 child:

"Esta familias por lo timidas o por la poca escuela que tienen necesitar una persona que se gane do alguna forma la confianza para luego hablarle y orientarle de el control natalidad."

(These families because they are shy and have little schooling need a person that offers in some form the empathy to talk with them and inform them about birth control.)

Case 294--South, age 29, White, Protestant, 13 years school, married, 5 children:

"This is a much needed service for women. I think the EFNEP would be an excellent vehical for getting information to thoes who need and want it."

Case 028--South, age 51, Negro, Protestant, 8 years school, married, 5 children:

"Most EFNEP families need family planning."

Case 277--South, age 23, Spanish-American, Catholic, never married, no children:

"I think that these family need such information about the family planning."

Case 301--South, age 35, Negro, Protestant, 12 years school, divorced, 2 children:

"I think family planning and birth control are very much needed, when unwed mothers keep having children, that means bigger checks from welfare."

Case 170--South, age 39, Negro, Protestant, 9 years school, married, 4 children:

"I think family planning begins with birth control. I heartily agree that E.FNEP families or most of them would benefit from birth control devices. I recommend that family planning is the answer for these families. Many children are suffering because their parents have too many to really care for."

Case 068--South, age 40, White, Protestant, married, 3 children:

"I think some of my families could certainly use help with this. They simply do not know how to keep from getting pregnant. And even if they did, the most of them could not afford to do anything to keep from getting that way."

There were also aides who saw no need, and wrote comments to that effect:

Case 254--Northeast, age 22, White, Protestant, 13 years school, unmarried, no children.

"Most of my homemakers have had the size of family they want and will not have any more. Many have had hysterectomies or change of life."

Case 287--West, age 33, Indian, Catholic, 8 years school, married, 6 children:

"I am not interested in it at all. The[Indian tribe]don't wouldn't want to use the birth control."

Case 046--North Central, age 38, White, Protestant, married, 5 children:

"I never talk to any of my family about family planning because I feel it too personal to them."

Or, aides did not see this as a job for EFNEP:

Case 317--North Central, age 24, White, Protestant, 14 years school, married, no children:

"As far as the needs for Birth Control or family planning teaching thru the EFNEP program in this particular county, my feelings would be that

this is not necessary. The agencies here have small but highly cooperative staffs and I feel that anyone we encounter who needs & wants this help, can be helped thru them. I wish they had a more aggressive birth control campaign, but otherwise their services seem adequate."

Case 272--West, age 53, White, Catholic, 12 years school, widowed, 8 children:

"I teach stricktly Nutrition and I do not interfere in the private life of the families I work with."

But other aides saw special needs:

Case 057--North Central, age 27, Negro, 14 years school, never married, one child:

"Education - planning - looking ahead These are all essential needs for our society for tomorrow. There are still too many people who do not know about family planning -- do not understand."

Case 141--South, age 31, Negro, Protestant, 12 years school, married, 4 children:

"Since working with Efnep families I have found that most want birth control after the fourth child, but don't know how to go about doing it. They are either afraid or their man doesn't want them to use it. What they need is someone to encourage them to use it, and point out the advantages."

This last aide's comment on the role of the male in family planning was only one of a surprising barrage of comments on the male role. Aides seemed to have a good deal on their minds on the subject of men in family planning, although only one rather tentative exploratory question in this area appeared in the questionnaire, as follows:

Q. 31--Do you think the men in EFNEP families need to learn more about family planning?

The EFNEP aides strongly agreed (87.1 percent) in saying "yes" to this question. Only three aides (.8 percent) said "no", and 11.8 percent said "don't know." One did not answer.

The aides' belief that men need to learn more about family planning bears out the findings of several other studies in this area, already noted in Chapter II (6,12,37,46,54). The research literature indicates that one of the greatest communication gaps affecting contraception among low-income people is that between husband and wife. Rainwater (54) found that in low-income families there was almost no discussion of birth control between spouses.

The aides in the present study have expressed this lack of communication in their own ways, in their comments, quoted verbatim:

Case 019--North Central, age 36, Spanish-American, Catholic, 13 years school, married, 7 children:

"My familys are to shy & embarrassed to asked their doctors, as they become confident & trusting in myself as a friend & helper & teacher they confide their utmost feelings and problems. Sometimes I asked their doctor. The funny thing is that sometimes the husband will asked also & very seriously ask what their wife feels about such a problem. When this happens I get them both together & discuss this together."

Case 362--Northeast, age 41, White, Protestant, 12 years school, married, 4 children:

"I think most of these ladies would like to have some method of birth control. If we could get their husbands to understand more about birth control it would be easier for the women to conform."

Case 111--Northeast, age 41, Negro, Protestant, 11 years school, divorced, 7 children:

"I also think the Idea of teaching men about family planning is good because they are what keep a number of women from using birth control."

Case 286--South, age 56, White, Protestant, 8 years school, married, 1 child:

"This one Catholic family has 5 children the oldest is 5 years old. The Mother was willing & wanted some kind of Birth Control but the Father will not let her do anything about it."

Case 027--South, age 32, Negro, Protestant, 11 years school, widowed, 1 child:

"I think that if men were more educated on family planning & birth control it would help a great deal. most men of family I work with seem to think birth control is something bad or wrong. They don't seem to consider the children have to be care for after they are born..."

Case 228--Northeast, 40, White, Protestant, 12 years school, married, 6 children:

"...Most men don't understand what a vasectomy is. They think it is a big major operation and they will be ruined for life."

Case 041--Northeast, age 45, Negro, Protestant, 12 years school, married, 5 children:

"They need sone one to explain how inportan it is and that the number of children do not make you a man but a lot of men feel that way, But there wives do not feel that way."

Case 191--South, age 27, Spanish-American, Catholic, 10 years school, never married, no children:

"I think most of the mothers are for birth control, but some of their husbands don't like the idea, yet most of them are very low income people and can not raise too many children at all."

Case 167--North Central, age 30, Negro, Protestant, 12 years school, married, 6 children:

"I feel some of the men are the main reason they don't use because the men feels that making a baby proves they are still men. But once that their wife or girl friend makes up their mind to use this, it is accepted by men."

Case 350--West, age 42, Negro, Protestant, 12 years school, married, 2 children:

"Classes should be given to men and they 'must' attend."

Case 022--South, age 48, Negro, 8 years school, separated, 5 children:

"I Wish Men were demanded to go to school to be taught, and learn, more about meeting their obligations and excepting their own Responsibilities. When men learn to be men, and learn to except Responsibility,

and learn to Stop making problems, and walking off and leaving them, then the problem of, Birth controll, and family planning will be solved, and mothers can stay home and teach her own family, Daughters, esp., no special race of men, but Men period."

Case 001--South, age 45, Negro, Protestant, 12 years school, married, 7 children:

"I think the question have covered everything well, only one thing, I think some one should try to get the men to understand birth control more."

Case 082--South, age 40, White, Protestant, 12 years school, married, 5 children:

"If the poorer class of fathers could be taught about birth control. They don't understand and think it is dangerous for wife to use birth control methods."

Case 007--South, age 36, Negro, Protestant, 10 years school, married, 6 children:

"People needs more training in this field. Especially the men need educating."

The above comments were only a small sampling of aides' opinions on the subject of men and family planning.

Q. 32--If you know of women in your EFNEP families who are not using birth control, why do you think they are not? (Check any reasons you know of.)

This question was included as a further exploration of aides' perceptions of the family planning attitudes of their clientele. Assuming the probable homophily of aides with homemakers, these reasons for not practicing birth control may reflect the attitudes of both groups. Table 39 shows the number of times each reason was marked on the checklist.

TABLE 39.--Aides' perceptions of reasons families are not using birth control

Reasons	Number of times checked	Percent of aides who checked item
1. They are afraid it's dangerous	211	58.0
2. They don't know how	130	35.7
3. Their man objects	110	30.2
4. It's too much trouble	106	29.0
5. They can't afford the cost	105	29.0
6. Their church objects	65	17.9
7. They are morally against birth control	63	17.3
8. Other reasons	60	16.5
9. They want a baby	35	9.6
10. They don't need to	29	8.0

Fear that birth control methods are dangerous was by far the predominant reason checked by aides (58 percent checked this item), with "They don't know how" and "Their man objects" ranked next. "They don't need to" was the weakest of the reasons for not using birth control. Among the variety of "other" reasons mentioned was the idea that the women "just don't care if there is another addition" to the family.

The frequent mention of the clientele's lack of information on how to practice birth control is considered a pertinent finding for this study. Several aides commented on fears of the danger of birth control methods:

Case 010--South, age 48, Negro, Protestant, married, 4 children:

"I have a very few homemakers who feel that birth control is a moral sin, Others who feel that the pills are too dangerous, however, I feel that if the subject is properly presented that many will change there opinion or be relieved of their fears. It's really lack of education on this subject."

Case 342--South, age 48, White, Protestant, 12 years school, married, 1 child:

"One refuses operation after six illegitimate children because of scar on her body. She refuses birth control pills stating they hurt her."

Case 190--South, age 56, White, Protestant, 11 years school, widowed, 2 children:

"Many are ignorant and believe anything they hear if the pill makes one sick the others get afraid and qut using it."

Case 318--South, age 46, Spanish-American, Catholic, 13 years school, married, 3 children:

"THESE PEOPLE NEED MANY INFORMATION ABOUT BIRTH CONTROL. MANY OF THEM FEEL IT IS DANGEROUS, AND ONLY AN INTENSIVE TEACHING WILL OVERCOME THEIR FEARS. THE GREAT MAYORITY OF THESE FAMILIES HAVE HAD MANY CHILDREN BECAUSE OF THEIR IGNORANCE IN RELATION TO BIRTH CONTROL AND FAMILY PLANNING."

Case 033--South, age 38, Negro, Protestant, 8 years school, married, 10 children:

"Some of the families are glad to have a clinic here, and some are afraid to use the pills, or IUD (loop)"

Case 079--Northeast, age 43, Negro, Protestant, 12 years school, married, 4 children:

"Some women are afraid of taking the pill and that it leads to cancer. Most of the young mother do take them ages 19 to 30."

Q. 33--If you know of women in these families who are using birth control, why do you think they are? (Check any reasons you know of.)

Again a checklist is used to obtain aides' perceptions of clientele attitudes--this time as to reasons they are practicing birth control. Table 40 shows the number of times they checked specified reasons.

TABLE 40.—Aides' perceptions of reasons families are using birth control

Reasons	Number of times checked	Percent of aides who checked item
1. They just don't want to be pregnant now	214	59.0
2. Children cost too much to raise	180	49.4
3. They are not married	136	37.3
4. To save mother's health	71	19.5
5. Other reasons	71	19.5
6. Think there are too many people in the world already	21	5.7
7. They don't like children	13	3.6

The somewhat all-inclusive category, "They don't want to be pregnant now" was the leading reason checked, but the cost of raising children runs it a close second among the worrisome reasons for practicing birth control, with nonmarriage third. Reasons of the mother's health, checked by only 19.5 percent of aides, appears to be only about half as important a reason to aides as the threat of illegitimacy implied in "not married."

The most frequent write-ins under "Other" were versions of "Don't want to be tied down," and especially "Already have too many children." The latter was such a frequent write-in answer that it may be considered an oversight not to have included it in the checklist. Ecological considerations of "too many people" appear to have little appeal as a reason for practicing birth control, for this group. Dislike of children is the least important.

Q. 34--(Aide's knowledge of contraceptive methods.)

This question was designed to examine the aides' knowledge about the efficacy, safety, and failure rates of the most usual contraceptive

methods used in the United States, and to point up those methods they do not understand.

The rationale behind this inquiry was that aides' responses might give a fair idea of the sort of information that may be exchanged during private, unrecorded aide-homemaker verbal communications. These data may assist in judging whether aides should be given more accurate definitions and evaluation of contraceptive methods, as a matter of their own background information. Since this study has revealed that this subject matter is being irrepressibly communicated, with or without EFNEP approval, would it be preferable that such information be accurate?

Table 41 is based upon the format of the questionnaire, and shows the number of times aides checked each category describing the different contraceptive methods.

Directions to aides for filling in the questionnaire blanks were as follows:

> "Listed below are methods some people use for birth control...
> In column 1, check any you <u>don't understand</u>.
> In column 2, check any you think <u>don't work</u> very well.
> In column 3, check any you think are <u>dangerous</u> to health.
> In column 4, check the methods you think are <u>best</u>."

The column categories here are not mutually exclusive; aides could logically check "operation" as dangerous, while at the same time it is a "best" method. The pill was the method most frequently marked <u>both</u> "dangerous" and "best method," often by the same respondent. Also, each vertical column could receive several check marks, including the "best methods" column.

TABLE 41.—Aides' knowledge of contraceptive methods (from 364 respondents)

Method	Number of times checked and percent of aides who checked item							
	Col.1 Don't understand		Col. 2 Don't work		Col. 3 Dangerous		Col. 4 Best methods	
	#	%	#	%	#	%	#	%
For Women:								
Rhythm (safe period)	81	(22)	141	(39)	11	(3)	56	(15)
Douche	18	(5)	236	(65)	11	(3)	24	(7)
Diaphragm	40	(11)	67	(18)	35	(10)	99	(27)
Foams or jellies	27	(7)	140	(38)	9	(2)	61	(17)
Pill	12	(3)	13	(4)	134	(37)	179	(49)
IUD (loop)	87	(24)	17	(5)	63	(17)	107	(29)
Operation (tubes tied)	15	(4)	8	(2)	26	(7)	236	(65)
For Men:								
Condom (rubber)	16	(4)	101	(28)	27	(7)	95	(26)
Withdrawal	42	(12)	152	(42)	37	(10)	34	(9)
Vasectomy (operation)	42	(12)	3	(0.8)	19	(5)	222	(61)

A glance at Table 41 shows that aides rate "operation" for women and the vasectomy for men as almost equally "best" methods, and a very few marked either of these as "don't work," although "vasectomy" was not understood by about three times as many respondents as was the operation for women. There were indications that respondents took "operation" to mean either hysterectomy or tubal ligation.

The pill was a fairly close third choice as a best method, but it was also marked "dangerous" by a large majority over all other methods.

The IUD (intrauterine device), in fourth place with aides as a best method, was also the least understood of any. (Rhythm was a close second in being misunderstood.) This may indicate that where it is known, the IUD is considered effective, but that it is simply not well known in the United States. (It is perhaps the leading female method now used in the developing nations of the world.) However, the IUD was

also ranked as the second most dangerous item by aides. (In Beasley's Lincoln Parish study (6), the most popular method, chosen by 54.8 percent of clinic patients, was the IUD.) Terminology may have been a problem with the IUD, known also as the "loop," as it was noted in write-ins on Question 27 that aides sometimes called it the "coil."

The rather high lack of understanding of "withdrawal," considering the method's widespread familiarity, is probably also due to the terminology. As Talbot (69) found, it may prove necessary for communicators in the family planning field to use more familiar colloquial terms with special audiences.

The pill, operation for women, condom, and douche were the best understood terms, in that order. Rainwater (54), in his study of low-income families made in the pre-pill days of a decade ago, found the most widely used and widely known method to be the condom. The diaphragm then was primarily a middle class method, while rhythm and withdrawal were widely known but much distrusted.

Aides believe the douche to be the least effective method, followed by withdrawal, rhythm, and foams and jellies, which they feel "don't work."

Examining the overall picture drawn from respondents, it is interesting to note that EFNEP program aides as a group have a rather good idea of the contraceptive methods that work best, according to medical evaluations of contraceptive technology. The Segal and Tietze report (63), issued by the Population Council in 1969, ranks the methods of choice in exactly the same order as do the EFNEP aides--with operations for women and men first, then the pill, IUD, and diaphragm, in that order. Individual aides were sometimes very wrong, however.

Further analytical study could be made of these responses, measured against medical ratings of contraceptive effectiveness, to learn with greater exactitude how "right" or "wrong" the aides' information is, and thereby to evaluate the quality of the probable communications that are taking place about this subject. But we do see the general pattern of aides' knowledge here.

Many aides shared with the author their observations on the effectiveness or dangers of specific contraceptive methods. Some of their comments follow, verbatim:

Case 037--North Central, age 43, White, Protestant, married, 5 children

"...I don't believe some of the methods should be on the market such as foam -- as I know of at least 6 babies on the way because of trust in it."

Case 285--South, age 51, Negro, Protestant, 15 years school, married, 5 children:

"One of my unmarried homemakers had a loop and she said she had to have it cut away. It grew to her."

Case 067--South, age 26, Negro, Protestant, married, 12 years school, 2 children:

"I think that the Family Planning clinic are very helpful to most of the families because they get free pills there. And as I said in answering some of the question I think the pill is a hundred percent good if it agrees with you. sometime you will have to keep trying until you reach correct one I don't advise anyone to just give up. if one don't work the other will. Some things work on some women and dont on others"

Case 263--South, age 32, Negro, Protestant, 12 years school, separated, 4 children:

"Some of the mothers tried using loops that did not work. (They stretch out) or they forget to take a pill, or the husband complaints about jellies etc. or it's too much trouble."

Case 005--South, age 47, White, Protestant, 12 years school, married, 3 children:

"There is lots of misunderstanding where IUD is concerned. Too many can't or won't take the pill. Even tho they aren't married they still have a man stay with them each night. So any one needs the help of some sort."

Case 251--North Central, age 25, White, Protestant, 12 years school, married, 2 children:

"Upjohn Company, Kalamazoo, Mich., is giving a 6 mo. shot for birth controll. A lot of my ladies are interested in this due to the 'one time conveience' and the need for inexpensive methods."

Case 174--Northeast, age 49, White, Protestant, 13 years school, married, 6 children:

"Of the homemakers I work with, three had their tubes tied this year. In each case, the homemaker had just given birth to her 4th child."

Case 136--South, age 56, White, Protestant, 12 years school, married, 1 child:

"I've had a little experience with women who had to stop taking the pill because it had after affects. One lady was swollen. One lady had missed periods, but wasn't pregnant. One lady had terrible sick stomach."

Case 206--South, age 53, White, Protestant, 8 years school, married, 3 children:

"From my experience with these families, I think many more women would use birth control pills if they really knew about them and where to get them if they could get them free. And some of them to lazy to do anything else or use a preventative other than take the pill. I think family planning is wonderful."

Q. 35--How many mothers in your EFNEP families are under 16 years old?

This question aimed at finding out the extent of the problem in EFNEP families of the very young (15 years of age or less) teenage mother. It is now seen that the wording of the question could have been

improved for eliciting accurate answers, as some responses indicated that aides thought of the head-of-household mother as the one intended.

Even so, 100 aides replied that they had a total of 343 mothers under 16 in their EFNEP families--with a range from 57 aides who mentioned having one or two, to one aide who said she had 27 such mothers.

Although it would have been a valid concern in a study of family planning communications, this study did not attempt to go into the ramifications of teenage sex and illegitimacy problems within EFNEP families. However, the number of volunteered comments from aides on this aspect of family planning indicated that the subject has some priority in their thinking.

Their comments can best be summarized as a strong plea for birth control education for EFNEP youth:

Case 069--Northeast, age 33, Negro, Catholic, 14 years school, never married, one child:

"...Our biggest problem is with the teenage unwed mothers. We had some as young as twelve. They should be made aware of the safe ways of protecting themselves from pregnancy. I would be most interested in presenting this to young people, male or female. I would like to be trained for something of this nature."

Case 289--Northeast, age 32, Negro, Catholic, 10 years school, married, 5 children:

"I think mother should talk with their teen age daughter about birth control at the age of 13."

Case 222--South, age 43, White, Protestant, 12 years school, married, 2 children:

"I feel family planning is so important & should be more-a-part-of our E.F.N.E.P. working with the family as a whole -- Have some way

to teach drop-outs -- young 11-12-14 yr. old's birth control -- slides -- movie -- good method -- Aides would need more training."

Case 342--South, age 48, White, Protestant, 12 years school, married, 1 child:

"High school girls have enrolled in Family Planning Clinic due to my assistance."

Case 044--South, age 33, Negro, Protestant, 12 years school, separated, 3 children:

"I think all men and women should learn about family planning at the age of 8. Women should try to learn as much about taking care of her self, to prevent having children so clost, by reading books and asking friends."

Case 139--South, age 61, Negro, Protestant, 11 years school, married, 3 children:

"I would like to see some method for the young girls to help avoid so many teenage mothers, or I should say unwed mothers."

Case 155--South, age 56, White, Protestant, divorced, 1 child:

"A method to cut down the constant increase of pregnancy in the Nation, of unwed mothers, particularly the under 16 yrs of age group. Also I believe teachint the young future fathers of our Nation birth control should be seriously considered."

Case 012--North Central, age 36, Negro, Protestant, married, 7 children:

"There should be a program in every community to help young mother plan their families...especially here. There are too many young girls who don't know about using birth control."

Case 081--South, age 38, White, Protestant, 14 years school, married, 2 children:

"Education of birth control would be more beneficial if given before homemakers learn the need (after several unwanted births) as in early teens."

Case 132--Northeast, age 25, White, Protestant, 12 years school, divorced, 3 children:

"If my daughters mature as quickly as some others I have known I would rather they learn safe methods of birth control than to have a baby at fifteen or sixteen or have an abortion which could lead to infection and possibly sterilization."

A few aides dissented, but revealed that this subject was on their minds:

Case 122--South, age 58, White, Protestant, 11 years school, widowed, 2 children:

"I don't think young unmarried girls should have birth control pills for this is a temptation to them."

Case 049--South, age 40, Negro, Protestant, divorced, 8 children:

"After talking with some of the family the Mother believe if the Daughter use pills it would be encouraging them to do wrong."

The U.S. Department of Health, Education, and Welfare estimated in 1968 (31) that, based on current trends, 80,000 girls under 17 years of age would have out-of-wedlock pregnancies that year. The EFNEP families are not alone with this problem.

Q. 36--Have you heard of any women in EFNEP families who have had an abortion?

The international K-A-P (Knowledge-Attitude-Practice) surveys on family planning, used in many developing nations, ask the respondent directly if she has ever had an induced abortion. The question in that form appeared inappropriate to the purpose of this study. However, since abortion is related to the total attitudinal climate of family planning, it seemed worthwhile to at least touch lightly upon this controversial subject.

Although Berelson (10, p. 367) says that abortion has been called "the most widely used single method [of family limitation] in the world today," in the United States abortion--legal or illegal, for medical or societal reasons--represents a measure of desperation. It is usually a well-kept personal secret.

The fact that 62, or 17 percent, of program aides said they had heard of EFNEP homemakers who had had an abortion, indicates that some in the clientele group have made a choice considered by Western social norms as less desirable than contraception.

And these are low-income women. Tietze (10, p. 315) reminds us that "All statistics show clearly that in the United States therapeutic abortion is more readily available to well-to-do women than to the underprivileged."

There were only four comments from aides that mentioned abortion; one is under Question 35, and the other three are quoted below, verbatim:

Case 258--North Central, age 32, White, Catholic, 12 years school, married, 4 children:

"My views on birth control are strickly personal. It is up to each family to make there own decision. Wheather is medical-financial or just plain don't want any more. I do not believe in abortion for any reason."

Case 319--Northeast, age 53, White, Catholic, Married, 3 children:

"What about these young girls that are already pregnant who are 15 years of age. What is going to happen to them? What is the Government doing for them? What about these doctors that are charging $500.00 for abortion. Where is this young girl going to get the money to pay for it. Doctors won't do the abortion unless the $500. is in his hands. What is the Government going to do about these doctors."

Case 353--Northeast, age 25, White, Catholic, 12 years school, married, 1 child:

"Legal abortion should be made available in the early stages of pregnancy, either free or at a small cost. New York is about the only state & (possibly Penn.) where you can obtain an abortion. (But it cost quite a bit!) This should be included as a family planning service! Counceling should follow to see that an unwanted pregnancy doesn't occur again. These people have enough problems without having to worry about feeding and bringing up more children."

Wallace, et al. (72, p. 1356), noted: "One of the major causes of maternal mortality in the United States is illegal abortion, which is a negative method of family planning. Abortion may be resorted to only when family planning is not available or it fails."

Q. 37--Do you think the government should give free contraceptives (birth control supplies)...(Check one).

The aides' answers, by percentages:

9.1 "never"

48.4 "to anyone who wants them"

23.4 "to poor people only"

14.8 "to married people only"

Sixteen aides did not reply to this question.

Several government agencies are now supplying free contraceptives to the poor. This question is asking the aide for her views on this aspect of government assistance for family planning. Nearly half of the aides who responded think the government should give free contraceptives "to anyone who wants them." One aide added a thought of her own:

Case 300--Northeast, age 42, White, Catholic, 13 years school, married, 3 children:

"Family planning is absolutely necessary and should be available to all people regardless of age or income. Free vasectomy operations should be available and information on this more wide-spread."

This respondent may be unaware that countries such as India put her idea for a vasectomy program into effect many years ago.

SECTION 4--Communication Aspects of Family Planning

The questionnaire now moves into inquiries relevant to the current and potential participation of aides and EFNEP families in person-to-person and media-related communications about family planning. Questions 38, 39, and 40 relate to the aide's knowledge of media use by her EFNEP families. She is asked for an estimate in each:

Q. 38--How many of your EFNEP families have TV in the home? (All, more than half, or very few.)

Q. 39--How many have a radio? (All, more than half, very few.)

Q. 40--How many take a newspaper? (All, more than half, very few, don't know.

Question 40 offered a "don't know" choice because it is more difficult for aides to observe whether families "take" a newspaper, during a home visit. No question was asked about magazines, because it was thought that would be even more difficult for the aides to ascertain. Table 42 shows what aides have observed about the use of mass communications media by EFNEP families.

TABLE 42.--Aides' observations of EFNEP family use of mass media (by percentage of aides reporting)

Family media use	All	More than half	Very few	Don't know
Have TV in home	48.9	47.5	3.6	--
Have radio	42.0	49.2	8.2	--*
Take newspaper	2.5	24.5	53.6	19.2*

*Do not total 100% because of "no replies."

Nearly half the aides thought that "all" their families had television in the home, and about the same number thought more than half did. Aides saw fewer radios, concentrating more replies in the "more than half" range than in the "all" category. And 53.6 percent of aides reported that "very few" of the families take a newspaper.

The two aide comments on this subject confirm the pattern of the data, informally:

Case 260--South, age 32, White, Protestant, 10 years school, married, 6 children:

"Family Planning Clinics should be advertised on T.V. Low income families don't seem to read much or listen to radio."

Case 262--North Central, age 43, Negro, Protestant, 12 years school, married, 2 children:

"I work with low income families some have television, some have radio, most do not get newspapers. Program assistants give information to their families, for instance who they can contact for family planning and etc. We not only give this information but in some cases, we contact agencies for our families."

Q. 41--What language do most of your EFNEP homemakers speak?

The great majority of aides (84.1 percent) reported that their homemakers speak English. But 8.5 percent reported that "most" of their homemakers speak Spanish; two aides (.5 percent) reported American Indian languages; and 5.2 percent could not define what "most" of their homemakers speak and wrote in two or more languages. Six aides did not answer the question.

The reported languages other than English are worth noting by communications media specialists who may be preparing family planning educational materials for the EFNEP clientele.

The next question attempts to assess the aide's own use of newspapers.

Q. 42--Do you get a daily newspaper?

Most aides--84.1 percent--said yes. Some wrote in that they take a weekly newspaper.

Q. 43--How many hours did you watch TV yesterday?

Since "yesterday" had a fairly even chance of falling on any day of the week but Friday and Saturday (aides would usually not be in the office filling in the questionnaire on Saturday or Sunday), the format of this question was considered useful for getting an estimate of the amount of television usage by aides. Table 43 shows the amounts of watching they reported.

TABLE 43.--Number of hours aides watched television "yesterday"

Number of hours	Number of aides	Percent of aides
None	102	28.0
1 hour	109	29.9
2 hours	91	25.0
3 hours	31	8.5
4 hours	21	5.8
5 hours	4	1.1
6 hours	0	0
7 hours	0	0
8 or more hours	2	.5
No reply	4	1.1

Aides were not heavy television users. Averaging in those who watched "none," their mean reported television watching time was 1.4 hours a day, with 58 percent watching an hour or less. The midsummer season may have been a factor.

Q. 44--Do you remember reading anything about family planning or birth control during the last month...(in a newspaper, magazine, booklet or leaflet)?

Has the aide recently gained family planning information from the printed media? This question attempted to find out. Aides reported magazines the leading source. As they recalled where they had seen such information "in the past month," 61.3 percent remembered magazines, compared to 45.3 for booklets and leaflets, and 42.5 percent for newspapers.

Q. 45--Have you ever heard about birth control methods from any of the sources below? (Check any you have.)

Learning the sources of birth control communications--interpersonal or mass media--should tell something about where aides are likely to get such information in the future. Table 44 shows the number of times aides checked each information source.

TABLE 44.--Sources of aides' information on birth control

Sources	Number of times checked	Percent of aides who checked item
1. Doctor or nurse	268	73.6
2. Magazines	258	71.0
3. Leaflets, booklets	242	66.2
4. Family or friends	241	66.0
5. Newspaper	196	54.0
6. Television	175	48.0
7. Books	169	46.4
8. Radio	87	24.0
9. Other sources	71	19.5

Aides remember having heard birth control information more often from a doctor or nurse than from any other source, with magazines their

next most important source. "Family and friends" about equal "leaflets and booklets" as a source. Newspapers outrank television, but aides remember hearing twice as much birth control information from television as from radio. These ratings, drawn as they are from aides' memories, nevertheless show some of the directions from which they believe they have received information input on the subject of birth control.

Q. 46--Would you be willing to teach your EFNEP women and girls about family planning and birth control if you had training for this?

Here aides were asked about their willingness to accept an active role as communicators of family planning information to their EFNEP families, and they replied with a strong "yes" vote of 87.4 percent. Training for the job was a stipulation.

Several commented about their willingness to teach this subject.

Case 270--Northeast, age 29, White, Protestant, 13 years school, married, 2 children:

"At a group meeting, the topic turned to problems of raising children and size of families. We talked about birth control and the talk was good. The women very frankly spoke of methods that worked best for them...I wish I had had training at that time and could have guided their thoughts. I believe strongly in birth control and believe it could solve some families problems."

Case 329--North Central, age 33, White, Protestant, 8 years school, divorced, 5 children:

"We have a program just now starting and I feel we need this service mainly for we have so many unwed mother to take care of. I feel I would enjoy working in this program..."

Case 040--South, age 57, Negro, Protestant, married, 2 children:

"I think Family Planning is a wonderful thing to be made use of in our time when there is so much talk about about Free Love. it will help the uneducated Young Adults that hasn't had the proper training in Sex Education. I have been asked for a Class in Sex Education but could not because I wasn't trained for it."

Two comments from aides showed some doubts about this matter:

Case 247--North Central, age 50, White, Catholic, 14 years school, married, 5 children:

"Family Planning and/or birth control are highly personal to the individual involved. I do not feel strong enuf about it for it to be one of the things that I want to work with my program families. My own feelings are that it probably is a good thing and people should know more about it but only highly qualified people and motivated persons should work in the field."

Case 257--North Central, age 44, Indian, Catholic, 10 years school, married, 9 children:

"I don't think I would feel free to approach anyone about birth control unless they asked for my services. I feel like this is too personal. I also think I better know all the answers as this is a very touchy subject."

Although the large 87.4 percent majority group said they were willing to teach about family planning and birth control if they had training, 72.3 percent of the aides answered "no" to the question...

Q. 47--Have you ever had any training for teaching about birth control or family planning?

Of those who said "yes" to this question, and went on to answer...

Q. 48--If you had such training, was it from...(source)?, one-fourth (25) said they had their training from Extension Service alone, and a few more mentioned Extension as one of two or more sources

from which they had training. The responses to this question implied that as far as most official state Extension policies are concerned, EFNEP aides are largely left on their own to meet questions on family planning as best they can without training. However, it is known that a few states do offer professionally conducted training programs in family planning.

Another 19 aides said they had training from a "health department," and two said the "welfare department" had trained them. The 30 aides who checked "other" as a source of training usually named some "training" of unclassifiable quality, such as "from the doctor," or naming an individual. Three comments mentioned training in some form:

Case 220--South, age 53, White, Catholic, 12 years school, married, 2 children:

"All (area Extension assistants) meet every 4 or 6 weeks. At our last meeting a Health Nurse gave us some leaflets and talked on Planned Parenthood. She also showed slides on methods of birth control. But we really need more information before we could teach our families."

Case 076--South, age 56, Negro, Protestant, 12 years school, widowed 1 child:

"I have found through training that more women should be taught about family planning not to prevent children but to space them so their health will be strong enough to care for each child properly."

Case 328--West, age 51, White, Protestant, 13 years school, married, 5 children:

"The information is readily available as all our aides have information from Planned Parenthood Group -- We've also had handouts to give our families."

The next question was asked to assess the aide's perception of her supervisor's attitude toward family planning and birth control. This could greatly affect interpersonal communications.

Q. 49--Do you think your supervisor's feeling about family planning (birth control) would be...(for, against, don't know)?

Almost 70 percent of aides believed their supervisors would favor family planning. About 2 percent thought they would be opposed, and 28.6 percent didn't know. A fraction of 1 percent didn't reply.

Although most aides thought the supervisor would be in favor, at least one aide had a different sort of experience, which she wrote about:

Case 217--North Central, age 30, Negro, Protestant, 11 years school, married, 3 children:

"After hearing a talk by family planning and planned parenthood, which was very clear and well presented, we were told not to discuss family planning with families, only to refer them to the agency in their income level. I did not agree with this directive, nor did I follow it. If a mother trusts and has confidence in me, why should I not give her answers she needs. Many mothers have no one else teach. Most are too shy to take part in group sessions which are available in this area."

As we have noted previously, communication is not bound by directives.

The next question was to explore the aide's familiarity with and willingness to use selected communications methods and media, both interpersonal and mass techniques, in teaching family planning.

Q. 50--If you were going to teach homemakers about family planning and birth control, how would you prefer to do it? (Check the ways you like best.)

Table 45 shows the number of times aides checked each teaching method.

Predictably, aides preferred to talk to one person at a time about this delicate subject, with showing slides and handing out booklets next in order of preference. Though "talk to a group" was ranked

TABLE 45.—Aides' preferred teaching methods

Method	Number of times checked	Percent of aides who checked item
1. Talk to one person at a time	224	61.5
2. Talk and show slides	213	59.0
3. Hand out booklets	207	57.0
4. Talk to a group	200	55.0
5. Show a movie	132	36.2
6. Play a tape or record	49	13.5
7. Talk on television	34	9.3
8. Talk on radio	26	7.1
9. Write for newspaper	22	6.0
10. Other	10	2.7

fourth as the method of preference, aides appeared to wish to avoid methods which would put them too much "on stage" or require perhaps unfamiliar mechanical techniques such as handling a movie projector or tape recorder.

The "talk to one person at a time" preference confirms the finding of the 1969 EFNEP program evaluation (52) which noted that the most successful system for aides was to lead up to group sessions with homemakers after first working with individuals in their own homes. That study found that "even the moderately hard-to-reach poor do not readily congregate with strangers," and that aides could ascertain needs best when working with one person at a time. Aides commented on several aspects of teaching methods:

Case 345--South, age 55, Negro, Protestant, 12 years school, married, 1 child:

"Family planning is needed in many of the families that I work with. I think I could talk to many of them in their homes alone, prior to bringing them into a group for learning, as there seems to be embarassment with some -- on the subject of birth control and family

planning. Due to the limited education of a number of homemakers - the reading material would prove less helpful. After giving them confidence - the teaching would be easy. Would like to see "EFNEP" include this as a must - in the aides' program."

Case 208--South, age 43, Negro, Protestant, 12 years school, married, 3 children:

"I feel if these women had someone to show slides, movies, give literature in group meeting and discuss these problems with them openly they would respond and could be helped in these lines of family planning."

Case 199--South, age 47, Spanish-American, Catholic, 14 years school, married, children:

"I feel this is a subject to discuss individually with each family in the privacy of their home. Most people are afraid of all these methods because they do not understand any of them and are afraid to ask & to look stupid in front of the others."

Case 179--South, age 26, Negro, Protestant, married, 2 children:

"I think that a lot of women would use Birth Control if they were really taught and showed the correct usage by flims and Demonstration."

Case 245--Northeast, age 31, Spanish-American, Catholic, never married, no children:

"I think they should be an education program about family planning for all low-income families in this country, thru radio, TV, magazines, and in their own home."

Case 249--North Central, age 31, White, Protestant, 10 years school, divorced, 5 children:

"...the homemakers I work with are willing to learn all about family planning. Two of them went to the library to get booklets, and books to read. Myself, I wish they had this program when I had my children all small. I think this is a great program."

As the final question, aides were asked for their impressions of the communications sources through which EFNEP families now receive birth control information.

Q. 51--Where do you think EFNEP families are now getting most of their information about birth control methods? (Check any you know of.)

Table 46 shows the number of times aides checked each source.

TABLE 46--Observed sources of EFNEP families' birth control information

Source	Number of times checked	Percent of aides who checked item
1. Doctor or nurse	235	64.6
2. Family or friends	217	59.6
3. Leaflets, booklets	103	28.3
4. Another agency (non-Extension)	102	28.0
5. Magazines	86	23.6
6. Television	78	21.4
7. Other sources	77	21.1
8. Extension Service	67	18.4
9. Newspaper	45	12.4
10. Books	34	9.3
11. Radio	30	8.2

Aides perceived EFNEP families as getting most of their information on birth control from the same source aides ranked first for themselves (Q. 45)--"doctor or nurse." They thought homemakers' next most important source would be family and friends, however, where for themselves they had ranked the magazine medium as second. Aides believe that the Extension Service is a more frequent source of such information for EFNEP homemakers than are radio, newspapers, or books.

Q. 52--Unstructured comments.

At the end of the questionnaire, aides were invited to "Feel free to say anything you really think" on the subject of family planning or birth control, and that section has been the source of the quoted comments used in this report. A few more comments that did not classify

under the headings of other questions, but are worth noting, are presented below.

Several aides had given special thought to the problem of transportation as a factor in family planning for the poor:

Case 209--South, age 49, Spanish-American, Catholic, 12 years school, separated, 4 children:

"I believe there should be a Mobile Clinic to reach most of these poor families. Transportation is expensive back & forth. They get free birth control but they can't afford to go to center and participate."

Case 359--Northeast, age 44, White, Protestant, 14 years school, married, 4 children:

"Transportation is one problem here, women don't have sitters and have no way to get to the Health Dept. or free clinic. Some of them say they will go, but even if transportation were provided they might change their mind by that day..."

Case 128--South, age 50, White, Protestant, 11 years school, married, 2 children:

"The EFNEP families need this help but so many of them live in the country and have no means of transportation to get to the clinic to receive help."

Some aides discussed the techniques of aide relations with families:

Case 282--South, age 29, Negro, Protestant, 11 years school, married, 4 children:

"Some of the families are ignorant to the agencies that are able to help them in family planning or birth control. They do not talk too freely to some unless they have confidence in them. I also find that these people prefer discussing everything but nutrition on the first couple of visit they talk about housing, health, school and other unrelated problems. This I believe is to find out how you feel and think."

A few expressed punitive views:

Case 197--Northeast, age 42, Negro, Catholic, 16 years school, separated, 2 children:

"Unmarried girls & women should by law be made to use contraceptives or to undergo temporary sterilization, the latter depending on how many pregnancies (births &/or abortions) she has had."

Case 350--West, age 42, Negro, Protestant, 12 years school, married, 2 children:

"I feel every mother on public welfare married or unmarried should either take the pill or have an operation. That should be the law. Too many unwed mothers use child bearing as an excuse for not working."

And a few expressed exactly opposite views:

Case 006--South, age 25, Negro, Protestant, 13 years school, married, 1 child:

"I think that this is really a personal thing & one should make up their own mind about whether to use it or not. I don't believe that anyone should be made to use any form of birth control, because they get some form of aid from the government. I believe you should educate a person & tell them the danger in having children too fast. They will except it better & not just tell them they have too, or they will not get help, from the government..."

The space limitations of this report have restricted the use of the aides' comments to a very small fraction of those received, but these are considered important and valid data of an inimitable sort which could not be obtained from any other source.

SECTION 5--Testing Hypotheses

The hypotheses proposed for testing in Chapter III can now be measured against the data generated by analysis of the findings. These hypotheses and the results of testing them are described below.

1. The educational level of the aide is positively related to whether she has used printed media (booklet or leaflet) in communicating birth control information to women.

Decision: This hypothesis was rejected, on the basis of the data shown in Table 47 which indicate that this relationship is not statistically significant.

TABLE 47.--Educational level of aides compared to their use of booklets or leaflets in giving information on birth control (from 356 respondents)

Educational level of aide	Aide use of booklet or leaflet Yes		No		
8 yrs. or less	5	(13.9)	31	(86.1)	(100.0)
9 - 12 years	77	(30.2)	178	(69.8)	(100.0)
More than 12	20	(30.8)	45	(69.2)	(100.0)
Total	102		254		

$X^2 = 4.27$ d.f. = 2 (Not significant)

2. The educational level of the aide is positively associated with her own use of birth control methods.

Decision: This hypothesis was accepted as true, on the basis of data shown in Table 26 of this study, indicating a significant relationship, at the .01 level, between increased level of aide's education and increased reporting of having used a birth control method.

3. Aides who have used a birth control method themselves are more likely to offer some kind of advice when they receive questions from homemakers about family planning.

Decision: This hypothesis is rejected, on the basis of data shown in Table 34 of this study. No Chi-square analysis could be made

because there were so few aides who had not given women advice when they were asked for it, whether they were users or non-users.

4. Religion makes no significant difference in aide's belief that families should plan the number of their children; it will make a significant difference in whether or not they have used a birth control method themselves.

Decision: Since neither of these variables proved to be significantly related to religion, this hypothesis as a whole is neither accepted nor rejected. Part one is accepted as true (there is no significant difference), on the basis of data in Table 8 of this study, showing that Chi-square analysis proved religion of aides not significantly related to their belief that families should plan children.

Part two is rejected (there is no significant difference), based on data in Table 27 of this study, showing that religion of aides is not significantly related to their having used a birth control method.

5. Aides will recall hearing about birth control methods from mass media more than from family and friends.

Decision: This hypothesis is neither accepted nor rejected. Some family planning studies (69,26) show family and peers as the major source of respondents' information on birth control. However, the EFNEP aides reported "magazines" and leaflets and booklets as sources outranking "family and friends." All the other mass media, on the other hand, proved less important sources of information than family and friends, and medical sources ("doctor or nurse") outranked every other source with aides. Table 44 of this study gives details on these findings.

Summary of Variables Tested by Chi-square Test of Significance

Independent variables	Significance level	Dependent variables
Aides' religion	(.001)	religion of families
	(No significance)	"families should plan"
	(N.S.)	"best no. children"
Aides' ethnic group	(.001)	"best no. children"
age	(.001)	aides' having used birth control
number of children	(.005)	
education	(.01)	
marital status	(.01)	
length of time married	(.01)	
rural-urban origin	(N.S.)	
religion	(N.S.)	
ethnic group	(N.S.)	
hours TV	(N.S.)	
aides' having used birth control	(.001)	"families should plan"
	(.05)	have been asked for advice
	(.05)	willing to teach
aides' education	(N.S.)	used booklets

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

We have asked the EFNEP program aides—and they have told us. They are the only individuals in Extension who could have supplied these facts about the status of family planning needs and communications within the nationwide Expanded Food and Nutrition Education Program. What conclusions can be drawn from their data?

First, the rationale for approaching the study through these indigenous aides proved to be correct. We learned that these paraprofessionals, who work closely with the low-income EFNEP clientele, perceive themselves to be highly homophilous in both ethnic and religious characteristics with this special Extension audience. The system of recruiting aides from the local clientele group helps also to assure a high degree of socioeconomic identification. Such homophily increases interpersonal communications; thus aides' responses to this inquiry may reflect with some accuracy the EFNEP homemakers' views as well as their own. The knowledge, attitudes, and practices of aides regarding family planning and birth control are probably much like those of the clientele. Their perceptions of the EFNEP families' needs for birth control information therefore should be correct. Aides have made it clear that they are active communicators of such information.

The stated purpose of this study, as outlined in Chapter III, was to explore and describe the current status of, and need for,

communication of family planning information in the EFNEP program, as perceived by the program aides. It is felt that this purpose has been accomplished.

As background for this study, it was necessary to examine pertinent demographic and other characteristics of aides, and of their EFNEP families as perceived by aides. These findings, summarized below, were helpful in understanding the general climate within which family planning communications are taking place.

Nearly half of the 364 respondents are employed in states in the Southern Cooperative Extension region. They have been in their jobs from one month to 2 1/2 years (as long as the program has been in effect), but their mean length of service was 19 months in July 1971. Most aides regard the areas where they work as being small to medium-size towns, or small cities.

These EFNEP aides are mature women--their mean age is 42--but they range from 21 to 67 years. About 45 percent of them say they grew up in a "country" background, and 70 percent have 9 to 12 years of formal schooling. They are largely Protestants, of white, Negro, or Spanish-American heritage.

Most of these aides have been married (97 percent), and have spent a mean of 21 years of their lives in that state. Children are important to these women; they have a mean of 3.8 each, slightly more than the number they say is "best" for a family.

The aides in this study work with a total of about 16,000 low-income families in the EFNEP program--about 44 each, on the average--who are much like themselves in religion and ethnicity. About a third of these families are headed by a woman alone.

Specific Objectives of This Study

This study has accomplished most of the specific objectives which it set out to attain, as set forth in Chapter III. These are reiterated below, with the outcome of related findings.

1. To determine the extent of the clientele need for family planning and birth control information, as perceived by program aides.

Nearly two-thirds of program aides say they have been asked for family planning or birth control advice by the women and girls in their EFNEP families, those who have been asked reporting a mean number of 36 such requests each during the past year.

Three-fourths of the aides, speaking from their experience and close association with the clientele, say they think the women and girls in EFNEP families would like to learn more about family planning, including birth control methods. And a resounding 93.7 percent of aides declare that these women and girls need such information. But not only the women need it, according to the aides--87 percent insist that the men in EFNEP families also need to learn more about family planning! Aides, reporting a total of 343 mothers under 16 years of age in these EFNEP families, followed through with a strong write-in plea for birth control education for teenagers.

2. To determine whether aides are now communicating such information, and if so, what kind and by what means.

EFNEP program aides most definitely are communicating such information. When homemakers have asked them for birth control advice, 96.6 percent say they gave some kind. (About 80 percent of this advice

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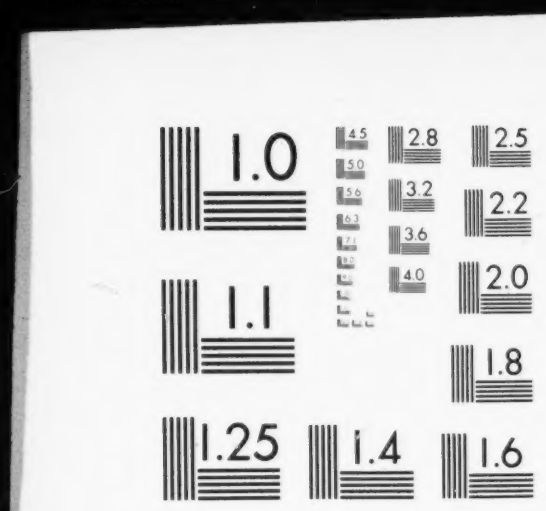

MICROCOPY RESOLUTION TEST CHART

NATIONAL BUREAU OF STANDARDS-1963-A

is of the referral type, directing women to clinics or medical help.) Furthermore, 41 percent of all aides in the sample say they have volunteered advice to homemakers on family planning. Most of this is verbal communication, since only about a fourth of aides have used booklets or leaflets in giving women such advice.

3. To determine whether attitudes of aides themselves tend to be either "pro" or "con" family planning, as evidenced by their statements about their own practices and opinions regarding family planning and birth control.

Aides, by their own statements, are very much in favor of family planning. Almost all of them (again, 93.7 percent) say they believe a family "should plan how many children to have." And 64 percent back up this belief by saying they have practiced birth control themselves. About half think the government should give free contraceptives to anyone who wants them. They also believe (70 percent) that their supervisors favor family planning.

4. To determine what perception aides have of the family planning and birth control knowledge, attitudes, and practices of their clientele.

Not only do aides say that EFNEP women and girls want and need birth control information, but they attribute their not using birth control mostly to fear that the methods are dangerous. The next most important factors, aides say, are that women do not know how to use the methods, or that the male partner objects to their using them. They see as reasons why some EFNEP women are using contraception, that they

simply don't want to be pregnant, that children cost too much to raise, or that the woman is not married.

A few (17 percent) of aides said they had heard of EFNEP women who had had an abortion--a "negative method" of family planning.

Aides perceive their homemakers as now receiving most of their knowledge of birth control methods from interpersonal sources such as a doctor or nurse, or family and friends, rather than from mass media.

5. To determine whether aides would be willing to conduct family planning educational programs if they had training in this area, and which communications methods and media they would be most comfortable in using in such programs.

Aides are very willing to teach family planning (87 percent say "yes") if they had training for it, but 72 percent of them have not had training. The small amount they have had appears to be of varied quality. If aides were going to teach homemakers about family planning and birth control, they would rather do it by talking to the women in person, preferably one at a time. Their next choices of method would be showing slides or handing out booklets.

Aides are not particularly high users of mass communications media themselves, and they perceive EFNEP clientele as being even less exposed to the media, stating that while most have television in the home, fewer have radios, and "very few" take a newspaper. Aides have very little desire to make use of any of these media in their teaching.

6. To determine whether demographic features such as age, religion, educational level, number of children, and other factors

are significant to aides' attitudes toward, and communications about, family planning and birth control.

Statistical analysis of aides' responses brought forth some significant relationships among demographic, attitudinal, and behavioral variables, and showed some others not to be significant.

For instance, measured against the attitudinal question, "Should families plan the number of children to have?," no demographic variables proved statistically significant because of the high agreement among aides with different characteristics, in answering "yes" to the question. The fact that 96.6 percent of aides said they gave family planning advice when asked for it also rendered that communications variable useless for measuring statistical significance of demographic factors.

However, the behavioral variable of whether aides have used a birth control method themselves proved more useful, showing a significant relationship to aides' age, education, marital status, length of time married, and number of children. Religion, ethnic group, and place where the aide grew up were not statistically associated with use.

The aide's religion makes no significant difference in either her approval of family planning or her having used a birth control method.

Aides who have used a birth control method themselves remember being asked for birth control advice significantly more often than those who have not, and they are also more willing to teach homemakers about family planning.

Using booklets or leaflets as communications media for family planning information proved not statistically significant to the amount of the aide's education, the only variable it was tested against.

Recommendations

The questions raised in the objectives of this study have been answered in such a way that recommendations for specific action can be drawn from the results.

Based upon the positive findings of this study that most program aides are observing a great need for family planning education among EFNEP clientele, that they themselves strongly favor family planning and birth control, and that they would be willing to teach homemakers about these subjects if they had training, a single major recommendation will be made.

It is recommended that the Cooperative Extension Service initiate an intensified family planning education and information program, to be officially encouraged and supported as an integral part of the national Expanded Food and Nutrition Education Program, and made available to state Extension Services that wish to participate.

Training of aides and preparation of materials should be carried out with the advice and cooperation of the technical staffs of resource agencies such as the National Center for Family Planning Services of the U.S. Department of Health, Education and Welfare.

Such a training program is seen as preparing EFNEP aides to give women accurate, basic facts about the various methods of family planning and birth control, and to alert aides to the importance of

referring women to professional, clinical and medical sources for practical assistance. In areas where local family planning services are not available, it may become an Extension community development organizational concern to assist community leaders in establishing such services.

This study has shown that a great deal of communication about family planning and birth control is now taking place within the EFNEP program. It will continue, and probably increase, with or without official Extension sanction. It is preferable for EFNEP homemakers, for program aides, and for Extension, that such communication be factually accurate. A professionally directed training program can help insure accuracy.

As a health problem, family planning cannot be divorced from the total complex of the low-income family's nutritional, economic, and sociological problems; it is therefore a legitimate concern of the EFNEP program.

A particularly important finding of this study is the fact that family planning cannot be treated as a problem of the EFNEP homemaker alone. An educational program must be developed to inform her male partner, as well, of the need and available methods of family planning. Teenage youth in EFNEP families, both male and female, especially require birth control information to prevent the familial disasters so frequently reported by program aides.

A further recommendation growing out of this study is that Extension staff training in educational and communications skills in the family planning area, generated for the needs of the EFNEP program,

should be made equally available to assist the women, the men, and especially the youth, participating in all other national Extension programs.

A precedent exists for these recommendations within today's philosophy of Cooperative Extension work. The report, A People and a Spirit (2) issued in 1968 by a national joint committee of Extension and agricultural leaders, reflected the kind of thinking which is accepting of innovations such as a family planning education program.

The committee writing that statement was keenly aware of the interdependence of all sectors of our complex socioeconomic system--that the problems of one soon become the concern of all. They envisioned new kinds of Extension audiences, along with their new kinds of needs for the future.

They stated a commitment to "improve the quality of life for human beings" in all elements of society. Their statement on priority clientele to benefit from Extension's home economics and 4-H resources emphasized the disadvantaged, the alienated, the young married. Program aides were recommended to extend the expertise of professionals.

And they mentioned specifically among the objectives of family life education, "to know about family planning" (2, p. 62).

The recommendations growing out of the findings of this study reaffirm the need for such Extension commitment.

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APPENDICES

Exhibit

1. Letter to State Home Economics Leader
2. Letter to County Home Economist (EFNEP Supervisor)
3. Questionnaire
4. List of States
5. Map of Cooperative Extension Service Regions
6. Computer Printout of Survey Data

Department of Agricultural Journalism
College of Agricultural and Life Sciences
University of Wisconsin Madison 53706

A-1-1

June 10, 1971

(To State Home Economics Leader)

Dear _____:

We'd like to ask your help with a research project in a new area of concern to Extension. I believe Loretta Cowden and Helen Turner of Extension Service, USDA, have already indicated to you their endorsement of this study.

The Agricultural Journalism Department of the University of Wisconsin is conducting a survey of communication aspects of family planning programs. Since some clientele of the Expanded Food and Nutrition Education program have been asking program aides for family planning information, we believe a study centered on the aides will contribute much to family planning communication efforts.

The study is designed to determine:

1. the extent of the clientele's need for family planning information, as expressed to aides

2. whether aides are giving such information

3. methods by which aides are now communicating this information and what specific information they are giving

4. what perception aides have of the present family planning knowledge, attitudes, and practices of their clientele

5. whether aides, with training, would be willing to teach about family planning, and what information materials they might use

6. whether aides' attitudes tend to be either "pro" or "con" family planning.

Demographic factors of age, religion, educational level, and rural-urban residence of the aides will be correlated with attitudes toward family planning.

In the accompanying packet are questionnaires which are being

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sent to 500 EFNEP aides throughout the nation. They were chosen by a statistically random sampling method from EFNEP unit lists.

Here's the way the survey works:

When randomly selected units fell within your state, we sent you this packet of questionnaires and return envelopes for the number of aides needed from each unit.

Will you please forward the packet to the EFNEP supervisor of the indicated unit? (Sorry we didn't have the addresses to put on them for you.) A letter to each supervisor gives complete directions, and pretests indicate less than half an hour of the aide's time is needed to fill out the questionnaire.

All replies from aides will be completely confidential. They will not be identifiable in any way with the sender's name.

Very few aides have been selected from each state, but each one's answers will be most important to the study, and we think the study will be important to Extension.

A word of encouragement from you to selected respondents in your state could do much to assure complete returns.

We thank you very much for your help.

Sincerely,

Jean Brand

Jean Brand

Department of Agricultural Journalism
College of Agricultural and Life Sciences
University of Wisconsin Madison 53706

A-2-1

June 10, 1971

Dear Home Economist:

Your State leader for the Expanded Food and Nutrition Education program has forwarded this questionnaire packet to you because your unit was one chosen in a nationwide random sample for a research study on family planning communications. The University of Wisconsin is conducting the study.

Your State leader and the national EFNEP office in Washington, D.C., endorse this survey and we all need <u>your</u> special help. Only 500 EFNEP aides (or nutrition assistants) from across the country are being selected to receive these questionnaires. Of these, _____ are needed from your unit.

Here's the easy way you can help:

1. To assure a truly random sample, will you please...
   (a) list the aides in your unit in alphabetical order and number them, then
   (b) as soon as possible, please give the questionnaire to number(s) _____ on your list.

2. Ask them to fill out the answers, right there, without help from you, and to seal the questionnaire in the envelope themselves. The reason for this is to assure the aides of the absolute privacy of their answers.

3. Be careful not to influence the aides' replies in any way, through your comments or actions. Each should feel perfectly free to express her own opinions.

4. Then, would you please collect the sealed envelopes and mail them yourself, to make sure they get into the mail.

That's all! Your aides will be Very Important People, as each will represent many others when the answers are added up. Before long, you should be hearing about some of the findings from this national survey.

Could you try to get your answers into the return mail by <u>June 25?</u> Thank you so much.

Sincerely,

Jean Brand

Jean Brand

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FAMILY PLANNING SURVEY

Hello --

You are one of 500 nutrition aides drawn from the entire nation to get this questionnaire.

We would like to have your answers to the questions on the next few pages. They will be important in helping plan future programs.

Do not put your name anywhere. Your answers are absolutely private. Don't talk about your answers to anyone. We want your honest ideas.

When you finish, put the questionnaire in the envelope and seal it yourself. Your supervisor will collect and mail it promptly. It will go to the University of Wisconsin to be studied.

Your answers will tell us what women in the nutrition program think about family planning and other subjects.

Thank you for your help.

Sincerely,

Jean Brand

Jean Brand
University of Wisconsin

P.S.-- The Extension "Expanded Food and Nutrition Education Program" goes by different names in different states. Here we call it "EFNEP" for short. By whatever name, it's your program.

* *

QUESTIONNAIRE

Please answer every question. Your views count!

1. What State do you work in? _____

2. How long have you been in your present job? _____ years, _____ months

3. Would you say the area where you work is... (Check one)

   _____ a big city (over 500,000 people)
   _____ a small city (50,000 to 500,000)
   _____ a medium size town (10,000 to 50,000)
   _____ a small town (under 10,000)
   _____ in the open country

4. What is your age? _____(years)

5. Did you grow up mostly in ...

_____ a city
_____ a town
_____ the country

6. How many years of school did you complete? _____ (years)

7. Are you ...

_____Protestant _____Jewish
_____Catholic _____Other religion _____

8. Are you ...

_____White _____Indian
_____Negro (Black) _____Oriental
_____Spanish-American _____Other _____

9. Are you <u>now</u>...

_____married _____separated
_____divorced _____never married
_____widowed

10. How old were you when first married? _____

11. How many years of your life have you spent married? _____(years)

12. How many children have you had? _____

13. How many EFNEP families do you work with? _____

14. Are your EFNEP families <u>mainly</u> ...

_____Protestant _____Jewish
_____Catholic _____Other religion _____

15. Are <u>most</u> of them ...

_____White _____Indian
_____Negro (Black) _____Oriental
_____Spanish-American _____Other _____

16. How many of your EFNEP families are headed by a woman alone? _____

17. What is the <u>most</u> children of any one mother in your EFNEP families? _____

18. What do you think is the best number of children for a family? _____

19. Have any of the women or girls in your EFNEP families ever asked you for advice on "family planning" or "birth control"?

_____yes _____no

20. If so, how many have asked you this kind of question in the past year? _____(number)

21. If they asked, did you give them advice? _____yes _____no

22. What did you tell them?_____

_____

23. Did you ever give a woman a booklet or leaflet about birth control?

_____yes _____no

24. Have you ever volunteered advice on family planning to your EFNEP homemakers? _____yes _____no

25. Is there a family planning clinic in your area?

_____yes _____no _____don't know

26. Have you ever used a birth control method? _____yes _____no

27. If so, what kind? _____

28. Do you believe families should plan how many children to have?

_____yes _____no

29. Do you think the women and girls in your EFNEP families would like to learn more about family planning, including birth control methods?

_____yes _____no _____don't know

30. Do you think they need such information? _____yes _____no

31. Do you think the men in EFNEP families need to learn more about family planning? _____yes _____no _____don't know

32. If you know of women in your EFNEP families who are not using birth control, why do you think they are not? (Check any reasons you know of.)

_____ they don't need to
_____ they don't know how
_____ they want a baby
_____ they are morally against birth control
_____ their church objects
_____ their man objects
_____ they are afraid it's dangerous
_____ they can't afford the cost _____ it's too much trouble
_____Other reason _____

33. If you know of women in these families who are using birth control, why do you think they are? (Check any reasons you know of.)

_____ they just don't want to be pregnant now
_____ they are not married
_____ to save mother's health
_____ children cost too much to raise
_____ they don't like children
_____ think there are too many people in the world now
_____ Other reasons _____

34. Listed below are methods some people use for birth control...

In column 1, check any you don't understand.
In column 2, check any you think don't work very well.
In column 3, check any you think are dangerous to health.
In column 4, check the methods you think are best.

	Col.1 Don't understand	Col.2 Don't work	Col.3 Dangerous	Col.4 Best methods
For Women:				
Rhythm (safe period)	____	____	____	____
Douche	____	____	____	____
Diaphragm	____	____	____	____
Foams or jellies	____	____	____	____
Pill	____	____	____	____
IUD (loop)	____	____	____	____
Operation (tubes tied)	____	____	____	____
For Men:				
Condom (rubber)	____	____	____	____
Withdrawal	____	____	____	____
Vasectomy (operation)	____	____	____	____

35. How many mothers in your EFNEP families are under 16 years old? _____

36. Have you heard of any women in EFNEP families who have had an abortion? _____yes _____no

37. Do you think the government should give free contraceptives (birth control supplies)... (Check one.)

_____ never
_____ to anyone who wants them
_____ to poor people only
_____ to married people only

38. How many of your EFNEP families have TV in the home?

_____ all _____more than half _____very few

39. How many have a radio?

_____ all _____more than half _____very few

40. How many take a newspaper?

_____ all _____more than half _____very few _____don't know

41. What language do most of your EFNEP homemakers speak? (As English, Spanish, etc.)

_____

42. Do you get a daily newspaper? _____yes _____no

43. How many hours did you watch TV yesterday? _____(hours)

44. Do you remember reading anything about family planning or birth control during the last month...

In a newspaper? _____yes _____no
In a magazine? _____yes _____no
In a booklet or leaflet? _____yes _____no

45. Have you ever heard about birth control methods from any of the sources below? (Check any you have.)

_____ from family or friends
_____ from doctor or nurse
_____ television
_____ radio
_____ newspaper
_____ magazines
_____ leaflets, booklets
_____ books
_____ other sources (Where? _____)

46. Would you be willing to teach your EFNEP women and girls about family planning and birth control if you had training for this?

_____yes _____no

47. Have you ever had any training for teaching about birth control or family planning? _____yes _____no

48. If you had such training, was it from...

_____Extension Service
_____Health Dept.
_____Welfare Dept.
_____Other (Who? _____

49. Do you think your supervisor's feeling about family planning (birth control) would be ...

_____for _____against _____ don't know

50. If you were going to teach homemakers about family planning and birth control, how would you prefer to do it? (Check the ways you like best.)

_____talk to one person at a time
_____talk to a group
_____talk and show slides
_____show a movie
_____play a tape or record
_____ hand out booklets
_____ talk on television
_____ talk on radio
_____ write for newspaper
_____ Other _____

51. Where do you think EFNEP families are now getting most of their information about birth control methods? (Check any you know of.)

_____ from family or friends
_____ from doctor or nurse
_____ from television
_____ radio
_____newspaper
_____ magazines
_____ leaflets, booklets
_____ books
_____ from Extension Service
_____ from another agency
_____other sources (What? _____

52. Have you any other comments about family planning or birth control, from your experience or work with EFNEP families? Feel free to say anything you really think.

_____

_____

_____

_____

_____

_____

_____

_____

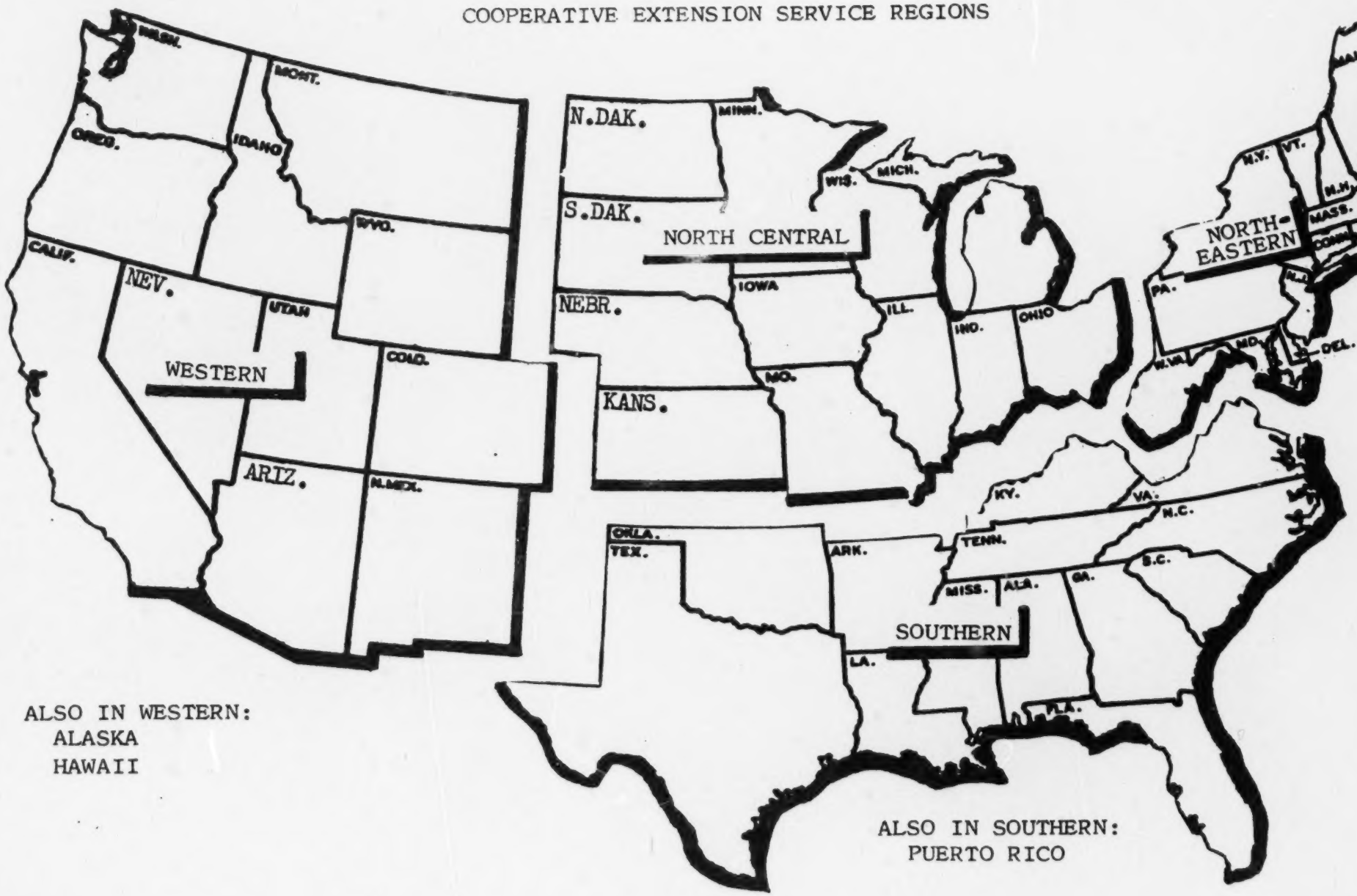
THE END

Now, please put this questionnaire in the envelope and seal it.

Thank you for your help!

	No. sent to State	No. returned in time for coding
Alabama	21	0
Alaska	1	1
Arizona	4	4
Arkansas	14	13
California	14	0
Colorado	4	4
Connecticut	2	2
Delaware	2	1
Florida	22	21
Georgia	18	18
Hawaii	1	1
Idaho	5	4
Illinois	16	16
Indiana	12	12
Iowa	11	11
Kansas	5	0
Kentucky	20	18
Louisiana	19	19
Maine	4	4
Maryland	4	4
Massachusetts	7	7
Michigan	10	10
Minnesota	6	6
Mississippi	20	18
Missouri	13	13
Montana	2	2
Nebraska	6	6
Nevada	1	0
New Hampshire	1	1
New Jersey	7	7
New Mexico	8	6
New York	24	21
North Carolina	12	11
North Dakota	2	2
Ohio	15	0
Oklahoma	10	10
Oregon	3	3
Pennsylvania	15	14
Puerto Rico	12	9
Rhode Island	3	3
South Carolina	10	10
South Dakota	3	3
Tennessee	17	0
Texas	30	22
Utah	3	3
Vermont	2	2
Virginia	9	9
Washington	8	7
West Virginia	6	4
Wisconsin	11	0
Wyoming	1	1
Dist. Columbia	1	0
Virgin Islands	1	1
Total.....	478	364

COOPERATIVE EXTENSION SERVICE REGIONS



ALSO IN WESTERN:
ALASKA
HAWAII

ALSO IN SOUTHERN:
PUERTO RICO

A-5-1

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FAMILY PLANNING SURVEY

PROJECT 484
DECK NUMBER 1

1-3 IDENTIFICATION NUMBER

4 DECK NUMBER (1)

5-6 N 0/0 Q1. WHAT STATE DO YOU WORK IN.

0	.0	01. ALABAMA
1	.3	02. ALASKA
4	1.1	03. ARIZONA
13	3.6	04. ARKANSAS
0	.0	05. CALIFORNIA
4	1.1	06. COLORADO
2	.5	07. CONNECTICUT
1	.3	08. DELAWARE
0	.0	09. DISTRICT OF COLUMBIA
21	5.8	10. FLORIDA
18	4.9	11. GEORGIA
1	.3	12. HAWAII
4	1.1	13. IDAHO
16	4.4	14. ILLINOIS
12	3.3	15. INDIANA
11	3.0	16. IOWA
0	.0	17. KANSAS
18	4.9	18. KENTUCKY
19	5.2	19. LOUISIANA
4	1.1	20. MAINE
4	1.1	21. MARYLAND
7	1.9	22. MASSACHUSETTS
10	2.7	23. MICHIGAN
6	1.6	24. MINNESOTA

(THIS CODE CONTINUED ON NEXT PAGE.)

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(THIS IS A CONTINUATION FROM THE LAST CODE.)

18	4.9	25. MISSISSIPPI
13	3.6	26. MISSOURI
2	.5	27. MONTANA
6	1.6	28. NEBRASKA
0	.0	29. NEVADA
1	.3	30. NEW HAMPSHIRE
7	1.9	31. NEW JERSEY
6	1.6	32. NEW MEXICO
21	5.8	33. NEW YORK
11	3.0	34. NORTH CAROLINA
2	.5	35. NORTH DAKOTA
0	.0	36. OHIO
10	2.7	37. OKLAHOMA
3	.8	38. OREGON
14	3.8	39. PENNSYLVANIA
9	2.5	40. PUERTO RICO
3	.8	41. RHODE ISLAND
10	2.7	42. SOUTH CAROLINA
3	.8	43. SOUTH DAKOTA
0	.0	44. TENNESSEE
22	6.0	45. TEXAS
3	.8	46. UTAH
2	.5	47. VERMONT
9	2.5	48. VIRGINIA
7	1.9	49. WASHINGTON
4	1.1	50. WEST VIRGINIA
0	.0	51. WISCONSIN
1	.3	52. WYOMING
1	.3	53. VIRGIN ISLANDS
0	.0	99. NO REPLY
364	100.0	

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7 N O/O REGION (COOPERATIVE EXTENSION REGION)

36	9.9	1. WESTERN
79	21.7	2. NORTH CENTRAL
180 ~~179~~	49.~~4~~4	3. SOUTHERN
69	19.0	4. NORTHEASTERN
~~1~~	~~.3~~	~~9. NO REPLY~~
364	100.0	

8-9 N O/O Q2. HOW LONG HAVE YOU BEEN IN YOUR PRESENT JOB.

		STATE EXACT NUMBER OF MONTHS
0	.0	00. LESS THAN 1 MONTH
1	.3	01. 1 MONTH
3	.8	02.
11	3.0	03.
12	3.3	04.
3	.8	05.
23	6.3	06.
14	3.8	07.
10	2.7	08.
5	1.4	09.
8	2.2	10.
5	1.4	11.
8	2.2	12.
3	.8	14.
14	3.8	15.
15	4.1	16.
8	2.2	17.
26	7.1	18.
9	2.5	19.
5	1.4	20.
7	1.9	21.
7	1.9	22.
2	.5	23.
15	4.1	24.
4	1.1	25.
8	2.2	26.
27	7.4	27.
26	7.1	28.
27	7.4	29.
54	14.8	30. 30 MONTHS
4	1.1	99. NO REPLY
364	100.0	

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W.S.R.L. PROJECT 484 DECK 1 FAMILY PLANNING SURVEY
AUGUST 1971
COL. NO. PAGE NO. 04

10

N	O/O	Q3. WOULD YOU SAY THE AREA WHERE YOU WORK IS...
47	12.9	1. BIG CITY
81	22.3	2. SMALL CITY
70	19.2	3. MEDIUM SIZE TOWN
95	26.1	4. SMALL TOWN
62	17.0	5. OPEN COUNTRY
9	2.5	9. NO REPLY
364	100.0	

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11-12 N 0/0 Q4. WHAT IS YOUR AGE.

		CODE EXACT AGE IN YEARS.
0	.0	20. 20 YEARS
1	.3	21. 21 YEARS
2	.5	22.
2	.5	23.
7	1.9	24.
7	1.9	25.
3	.8	26.
7	1.9	27.
7	1.9	28.
9	2.5	29.
12	3.3	30.
10	2.7	31.
13	3.6	32.
13	3.6	33.
9	2.5	34.
10	2.7	35.
12	3.3	36.
7	1.9	37.
11	3.0	38.
13	3.6	39.
16	4.4	40.
8	2.2	41.
11	3.0	42.
13	3.6	43.
11	3.0	44.
10	2.7	45.
9	2.5	46.
12	3.3	47.
8	2.2	48.
12	3.3	49.
11	3.0	50.
11	3.0	51.
5	1.4	52.
16	4.4	53.
7	1.9	54.
9	2.5	55.
8	2.2	56.
8	2.2	57.
4	1.1	58.
3	.8	59.
3	.8	60.
5	1.4	61.
3	.8	62.
1	.3	63.
2	.5	64.
1	.3	65.
1	.3	67.
1	.3	99. NO REPLY
364	100.0	

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13 N 0/0 Q5. DID YOU GROW UP MOSTLY IN...

102	28.0	1. A CITY
94	25.8	2. A TOWN
163	44.8	3. THE COUNTRY
5	1.4	9. NO REPLY
364	100.0	

14-15 N 0/0 Q6. HOW MANY YEARS OF SCHOOL DID YOU COMPLETE.

		CODE EXACT YEARS
0	.0	
1	.3	02.
1	.3	04.
1	.3	05.
4	1.1	06.
5	1.4	07.
27	7.4	08.
12	3.3	09.
35	9.6	10.
45	12.4	11.
164	45.1	12.
23	6.3	13.
26	7.1	14.
10	2.7	15.
6	1.6	16.
1	.3	17.
3	.8	99. NO REPLY
364	100.0	

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16	N	O/O	Q7. ARE YOU....
	284	78.0	1. PROTESTANT
	71	19.5	2. CATHOLIC
	1	.3	3. JEWISH
	5	1.4	4. OTHER
	3	.8	9. NO REPLY
	364	100.0	

17	N	O/O	Q8. ARE YOU...
	167	45.9	1. WHITE
	152	41.8	2. NEGRO (BLACK)
	39	10.7	3. SPANISH-AMERICAN
	4	1.1	4. INDIAN
	1	.3	5. ORIENTAL
	0	.0	6. OTHER
	1	.3	9. NO REPLY
	364	100.0	

18	N	O/O	Q9. ARE YOU NOW...
	273	75.0	1. MARRIED
	27	7.4	2. DIVORCED
	28	7.7	3. WIDOWED
	25	6.9	4. SEPARATED
	10	2.7	5. NEVER MARRIED
	1	.3	9. NO REPLY
	364	100.0	

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W.S.R.L. PROJECT 484 DECK 1 FAMILY PLANNING SURVEY
AUGUST 1971
COL. NO. PAGE NO. 08

19-20 N 0/0 Q10. HOW OLD WERE YOU WHEN FIRST MARRIED.

		CODE EXACT AGE
4	1.1	13. 13 YEARS OLD
5	1.4	14.
9	2.5	15.
21	5.8	16.
41	11.3	17.
64	17.6	18.
56	15.4	19.
31	8.5	20.
47	12.9	21.
24	6.6	22.
16	4.4	23.
10	2.7	24.
5	1.4	25.
5	1.4	26.
5	1.4	27.
2	.5	28.
1	.3	29.
4	1.1	30.
1	.3	31.
1	.3	33.
12	3.3	99. NO REPLY OR NOT APPLICABLE
364	100.0	

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21-22 N 0/0 Q11. HOW MANY YEARS OF YOUR LIFE HAVE YOU SPENT MARRIED.

		CODE EXACT YEARS	
0	.0	00.	
2	.5	01.	
2	.5	02.	
6	1.6	03.	
9	2.5	04.	
5	1.4	05.	
5	1.4	06.	
4	1.1	07.	
7	1.9	08.	
7	1.9	09.	
13	3.6	10.	
5	1.4	11.	
15	4.1	12.	
9	2.5	13.	
6	1.6	14.	
10	2.7	15.	
14	3.8	16.	
17	4.7	17.	
9	2.5	18.	
10	2.7	19.	
13	3.6	20.	
10	2.7	21.	
11	3.0	22.	
16	4.4	23.	
13	3.6	24.	
14	3.8	25.	
6	1.6	26.	
10	2.7	27.	
5	1.4	28.	
17	4.7	29.	
15	4.1	30.	
7	1.9	31.	
12	3.3	32.	
6	1.6	33.	
8	2.2	34.	
4	1.1	35.	
7	1.9	36.	
7	1.9	37.	
2	.5	38.	
2	.5	39.	
3	.8	40.	
2	.5	41.	
1	.3	42.	
1	.3	45.	
1	.3	48.	
16	4.4	99.	NO REPLY OR NEVER MARRIED
364	100.0		

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23-24 N 0/0 Q12. HOW MANY CHILDREN HAVE YOU HAD.

		CODE EXACT NUMBER
16	4.4	00.
44	12.1	01.
65	17.9	02.
64	17.6	03.
55	15.1	04.
37	10.2	05.
28	7.7	06.
22	6.0	07.
8	2.2	08.
5	1.4	09.
6	1.6	10.
1	.3	11.
1	.3	12.
2	.5	13.
2	.5	14.
1	.3	18.
7	1.9	99. NO REPLY
364	100.0	

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25-26 N 0/0 Q13. HOW MANY EFNEP FAMILIES DO YOU WORK WITH.

		CODE EXACT NUMBER
0	.0	01.
2	.5	05.
3	.8	06.
2	.5	07.
2	.5	08.
3	.8	10.
1	.3	11.
3	.8	12.
2	.5	13.
2	.5	14.
5	1.4	15.
4	1.1	16.
2	.5	17.
7	1.9	18.
3	.8	19.
11	3.0	20.
5	1.4	21.
7	1.9	22.
5	1.4	23.
4	1.1	24.
12	3.3	25.
5	1.4	26.
6	1.6	27.
3	.8	28.
2	.5	29.
10	2.7	30.
3	.8	31.
6	1.6	32.
8	2.2	33.
7	1.9	34.
11	3.0	35.
9	2.5	36.
3	.8	37.
9	2.5	38.
1	.3	39.
18	4.9	40.
4	1.1	41.
5	1.4	42.
4	1.1	43.
4	1.1	44.
5	1.4	45.
3	.8	46.
5	1.4	47.
6	1.6	48.
5	1.4	49.
22	6.0	50.
3	.8	51.
7	1.9	52.
4	1.1	53.
1	.3	54.
2	.5	55.

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(THIS IS A CONTINUATION FROM THE LAST CODE.)

2	.5	56.
5	1.4	57.
2	.5	58.
1	.3	59.
10	2.7	60.
1	.3	61.
1	.3	62.
3	.8	64.
5	1.4	65.
1	.3	66.
1	.3	67.
2	.5	68.
1	.3	69.
2	.5	70.
3	.8	72.
2	.5	73.
2	.5	75.
1	.3	76.
2	.5	77.
1	.3	78.
2	.5	79.
2	.5	80.
1	.3	81.
1	.3	82.
1	.3	86.
1	.3	87.
4	1.1	90.
1	.3	95.
2	.5	96.
1	.3	97.
23	6.3	98.
11	3.0	99. NO REPLY
364	100.0	

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27 N O/O Q14. ARE YOUR EFNEP FAMILIES MAINLY....

N	O/O	
266	73.1	1. PROTESTANT
49	13.5	2. CATHOLIC
0	.0	3. JEWISH
8	2.2	4. OTHER
27	7.4	5. PROTESTANT AND CATHOLIC
14	3.8	9. NO REPLY
364	100.0	

28 N O/O Q15. ARE MOST OF THEM...

N	O/O	
133	36.5	1. WHITE
151	41.5	2. NEGRO
38	10.4	3. SPANISH-AMERICAN
6	1.6	4. INDIAN
1	.3	5. ORIENTAL
0	.0	6. CTHER
33	9.1	7. 2 OR MORE CATEGORIES MARKED
2	.5	9. NO REPLY
364	100.0	

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29-30 N 0/0 Q16. Q16. HOW MANY OF YOUR EFNEP FAMILIES ARE HEADED BY A WOMAN ALONE.

	CODE	EXACT NUMBER
11	3.0	00.
12	3.3	01.
9	2.5	02.
16	4.4	03.
9	2.5	04.
20	5.5	05.
20	5.5	06.
18	4.9	07.
10	2.7	08.
14	3.8	09.
34	9.3	10.
5	1.4	11.
10	2.7	12.
8	2.2	13.
9	2.5	14.
18	4.9	15.
3	.8	16.
5	1.4	17.
11	3.0	18.
7	1.9	19.
18	4.9	20.
1	.3	21.
1	.3	22.
5	1.4	23.
1	.3	24.
12	3.3	25.
1	.3	26.
1	.3	27.
4	1.1	28.
1	.3	29.
6	1.6	30.
3	.8	31.
1	.3	32.
2	.5	33.
3	.8	35.
2	.5	36.
2	.5	37.
1	.3	39.
7	1.9	40.
1	.3	41.
4	1.1	45.
1	.3	46.
1	.3	49.
4	1.1	50.
1	.3	52.
2	.5	60.
1	.3	62.
1	.3	63.
1	.3	66.
2	.5	70.

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(THIS IS A CONTINUATION FROM THE LAST CODE.)

1	.3	75.
1	.3	80.
1	.3	97.
4	1.1	98.
17	4.7	99. NO REPLY
364	100.0	

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31-32 N 0/0 Q17. WHAT IS THE MOST CHILDREN OF ANY ONE MOTHER IN YOUR EFNEP FAMILIES.

		CODE	EXACT NUMBER
0	.0	00.	
1	.3	02.	
3	.8	04.	
10	2.7	05.	
17	4.7	06.	
26	7.1	07.	
44	12.1	08.	
48	13.2	09.	
69	19.0	10.	
38	10.4	11.	
32	8.8	12.	
21	5.8	13.	
21	5.8	14.	
12	3.3	15.	
5	1.4	16.	
5	1.4	17.	
5	1.4	18.	
1	.3	19.	
1	.3	21.	
5	1.4	99.	NO REPLY
364	100.0		

33 N 0/0 Q18. WHAT DO YOU THINK IS THE BEST NUMBER OF CHILDREN FOR A FAMILY.

		CODE EXACT NUMBER
0	.0	0. NONE
2	.5	1. 1
58	15.9	2. 2
65	17.9	3. 3
148	40.7	4. 4
16	4.4	5. 5
19	5.2	6. 6
0	.0	7. 7
2	.5	8. 8 OR MORE
54	14.8	9. NO REPLY, MORE THAN 1 NUMBER GIVEN
364	100.0	

34 N 0/0 Q19. HAVE ANY OF THE WOMEN OR GIRLS IN YOUR EFNEP FAMILIES EVER ASKED YOU FOR ADVICE ON 'FAMILY PLANNING' OR 'BIRTH CONTROL'.

238	65.4	1. YES
126	34.6	2. NO
0	.0	9. NO REPLY
364	100.0	

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35-36 N 0/0 Q20. IF SO, HOW MANY HAVE ASKED YOU THIS KIND OF QUESTION IN THE PAST YEAR.

		CODE EXACT NUMBER
3	.8	00. NONE
12	3.3	01.
38	10.4	02.
24	6.6	03.
23	6.3	04.
27	7.4	05.
17	4.7	06.
4	1.1	07.
7	1.9	08.
17	4.7	10.
2	.5	11.
13	3.6	12.
2	.5	13.
4	1.1	14.
12	3.3	15.
3	.8	16.
1	.3	18.
1	.3	19.
10	2.7	20.
1	.3	21.
3	.8	25.
1	.3	30.
1	.3	35.
2	.5	40.
2	.5	45.
1	.3	47.
2	.5	50.
2	.5	60.
124	34.1	88. INAP
5	1.4	99. NO REPLY
364	100.0	

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37 N O/O Q21. IF THEY ASKED, DID YOU GIVE THEM ADVICE.

231	63.5	1. YES
8	2.2	2. NO
124	34.1	8. INAP
1	.3	9. NO REPLY
364	100.0	

38 N O/O Q22. WHAT DID YOU TELL THEM.

136	37.4	0. NO REPLY
16	4.4	1. SUGGESTED A SPECIFIC METHOD
56	15.4	2. SEE DOCTOR OR NURSE
76	20.9	3. SEE PLANNED PARENTHOOD
57	15.7	4. GO TO A CLINIC OR HEALTH DEPT
0	.0	5. DON'T USE ANY METHOD
0	.0	6. TALK TO CLERGY
23	6.3	7. OTHER
0	.0	8. INAP
364	100.0	

39 N O/O Q23. DID YOU EVER GIVE A WOMAN A BOOKLET OR LEAFLET ABOUT BIRTH CONTROL.

103	28.3	1. YES
256	70.3	2. NO
5	1.4	9. NO REPLY
364	100.0	

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40 N 0/0 Q24. HAVE YOU EVER VOLUNTEERED ADVICE ON FAMILY PLANNING TO YOUR EFNEP HOMEMAKERS.

148	40.7	1. YES
207	56.9	2. NO
9	2.5	9. NO REPLY
364	100.0	

41 N 0/0 Q25. IS THERE A FAMILY PLANNING CLINIC IN YOUR AREA.

270	74.2	1. YES
46	12.6	2. NO
44	12.1	3. DON'T KNOW
4	1.1	9. NO REPLY
364	100.0	

42 N 0/0 Q26. HAVE YOU EVER USED A BIRTH CONTROL METHOD.

233	64.0	1. YES
128	35.2	2. NO
3	.8	9. NO REPLY
364	100.0	

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43 N 0/0 Q27. IF SO, WHAT KIND.

CODE NUMBER OF DIFFERENT METHODS MENTIONED

129	35.4	0. NONE
157	43.1	1. 1
44	12.1	2. 2
19	5.2	3. 3
5	1.4	4. 4
0	.0	5. 5
1	.3	6. 6
0	.0	7. 7
1	.3	8. 8 OR MORE
8	2.2	9. NO REPLY
364	100.0	

44 N 0/0 Q27. RHYTHM

212	58.2	0. NOT MENTIONED
24	6.6	1. MENTIONED
128	35.2	8. INAP, NO TO Q26
364	100.0	

45 N 0/0 Q27. DOUCHE

220	60.4	0. NOT MENTIONED
16	4.4	1. MENTIONED
128	35.2	8. INAP, NO TO Q26
364	100.0	

46 N 0/0 Q27. DIAPHRAGM

185	50.8	0. NOT MENTIONED
51	14.0	1. MENTIONED
128	35.2	8. INAP, NO TO Q26
364	100.0	

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47 N O/O Q27. FOAMS OR JELLIES

186	51.1	0. NOT MENTIONED
50	13.7	1. MENTIONED
128	35.2	8. INAP, NO TO Q26
364	100.0	

48 N O/O Q27. PILL

122	33.5	0. NOT MENTIONED
114	31.3	1. MENTIONED
128	35.2	8. INAP, NO TO Q26
364	100.0	

49 N O/O Q27. IUD

215	59.1	0. NOT MENTIONED
21	5.8	1. MENTIONED
128	35.2	8. INAP, NO TO Q26
364	100.0	

50 N O/O Q27. OPERATION FOR WOMAN

223	61.3	0. NOT MENTIONED
13	3.6	1. MENTIONED
128	35.2	8. INAP, NO TO Q26
364	100.0	

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51 N 0/0 Q27. CONDOM

204	56.0	0. NOT MENTIONED
32	8.8	1. MENTIONED
128	35.2	8. INAP, NO TO Q26
364	100.0	

52 N 0/0 Q27. WITHDRAWAL

230	63.2	0. NOT MENTIONED
6	1.6	1. MENTIONED
128	35.2	8. INAP, NO TO Q26
364	100.0	

53 N 0/0 Q27. VASECTOMY

232	63.7	0. NOT MENTIONED
4	1.1	1. MENTIONED
128	35.2	8. INAP, NO TO Q26
364	100.0	

54 N 0/0 Q27. OTHER METHOD

233	64.0	0. NOT MENTIONED
3	.8	1. MENTIONED
128	35.2	8. INAP, NO TO Q26
364	100.0	

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55 N 0/0 Q28. DO YOU BELIEVE FAMILIES SHOULD PLAN HOW MANY CHILDREN TO HAVE.

341	93.7	1. YES
20	5.5	2. NO
3	.8	9. NO REPLY
364	100.0	

56 N 0/0 Q29. DO YOU THINK THE WOMEN AND GIRLS IN YOUR EFNEP FAMILIES WOULD LIKE TO LEARN MORE ABOUT FAMILY PLANNING, INCLUDING BIRTH CONTROL METHODS.

276	75.8	1. YES
3	.8	2. NO
82	22.5	3. DON'T KNOW
3	.8	9. NO REPLY
364	100.0	

57 N 0/0 Q30. DO YOU THINK THEY NEED SUCH INFORMATION.

341	93.7	1. YES
14	3.8	2. NO
9	2.5	9. NO REPLY
364	100.0	

58 N 0/0 Q31. DO YOU THINK THE MEN IN EFNEP FAMILIES NEED TO LEARN MORE ABOUT FAMILY PLANNING.

317	87.1	1. YES
3	.8	2. NO
43	11.8	3. DON'T KNOW
1	.3	9. NO REPLY
364	100.0	

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Q32. IF YOU KNOW OF WOMEN IN YOUR EFNEP FAMILIES WHO ARE NOT USING BIRTH CONTROL, WHY DO YOU THINK THEY ARE NOT.

59 N O/O Q32. THEY DON'T NEED TO

335	92.0	0. NOT CHECKED
29	8.0	1. CHECKED
364	100.0	

60 N O/O Q32. THEY DON'T KNOW HOW

234	64.3	0. NOT CHECKED
130	35.7	1. CHECKED
364	100.0	

61 N O/O Q32. THEY WANT A BABY

329	90.4	0. NOT CHECKED
35	9.6	1. CHECKED
364	100.0	

62 N O/O Q32. THEY ARE MORALLY AGAINST BIRTH CONTROL

301	82.7	0. NOT CHECKED
63	17.3	1. CHECKED
364	100.0	

63 N O/O Q32. THEIR CHURCH OBJECTS

299	82.1	0. NOT CHECKED
65	17.9	1. CHECKED
364	100.0	

64 N O/O Q32. THEIR MAN OBJECTS

254	69.8	0. NOT CHECKED
110	30.2	1. CHECKED
364	100.0	

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65 N 0/0 Q32. THEY ARE AFRAID IT'S DANGEROUS

153	42.0	0. NOT CHECKED
211	58.0	1. CHECKED
364	100.0	

66 N 0/0 Q32. THEY CAN'T AFFORD THE COST

259	71.2	0. NOT CHECKED
105	28.8	1. CHECKED
364	100.0	

67 N 0/0 Q32. IT'S TOO MUCH TROUBLE

258	70.9	0. NOT CHECKED
106	29.1	1. CHECKED
364	100.0	

68 N 0/0 Q32. OTHER REASONS

304	83.5	0. NOT CHECKED
60	16.5	1. CHECKED
364	100.0	

Q33. IF YOU KNOW OF WOMEN IN THESE FAMILIES WHO ARE USING BIRTH CONTROL, WHY DO YOU THINK THEY ARE.

69 N 0/0 Q33. THEY DON'T WANT TO BE PREGNANT NOW

149	40.9	0. NOT CHECKED
215	59.1	1. CHECKED
364	100.0	

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70 N 0/0 Q33. THEY ARE NOT MARRIED

228	62.6	0. NOT CHECKED
136	37.4	1. CHECKED
364	100.0	

71 N 0/0 Q33. TO SAVE MOTHER'S HEALTH

293	80.5	0. NOT CHECKED
71	19.5	1. CHECKED
364	100.0	

72 N 0/0 Q33. CHILDREN COST TOO MUCH TO RAISE

184	50.5	0. NOT CHECKED
180	49.5	1. CHECKED
364	100.0	

73 N 0/0 Q33. THEY DON'T LIKE CHILDREN

351	96.4	0. NOT CHECKED
13	3.6	1. CHECKED
364	100.0	

74 N 0/0 Q33. THINK THERE ARE TOO MANY PEOPLE IN THE WORLD NOW

343	94.2	0. NOT CHECKED
21	5.8	1. CHECKED
364	100.0	

75 N 0/0 Q33. OTHER REASONS

293	80.5	0. NOT CHECKED
71	19.5	1. CHECKED
364	100.0	

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FAMILY PLANNING SURVEY

PROJECT 484
DECK NUMBER 2

1-3 IDENTIFICATION NUMBER

4 DECK NUMBER (2)

Q34. LISTED BELOW ARE METHODS SOME PEOPLE USE FOR BIRTH CONTROL...
CHECK ANY YOU DON'T UNDERSTAND.
CHECK ANY YOU THINK DON'T WORK VERY WELL.
CHECK ANY YOU THINK ARE DANGEROUS TO HEALTH.
CHECK THE METHODS YOU THINK ARE BEST.

5 N O/O RHYTHM DON'T UNDERSTAND

283	77.7	0. NOT CHECKED
81	22.3	1. CHECKED
364	100.0	

6 N O/O RHYTHM DON'T WORK

223	61.3	0. NOT CHECKED
141	38.7	1. CHECKED
364	100.0	

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7 N O/O RHYTHM DANGEROUS

353	97.0	0. NOT CHECKED
11	3.0	1. CHECKED
364	100.0	

8 N O/O RHYTHM BEST METHODS

308	84.6	0. NOT CHECKED
56	15.4	1. CHECKED
364	100.0	

9 N O/O DOUCHE DON'T UNDERSTAND

346	95.1	0. NOT CHECKED
18	4.9	1. CHECKED
364	100.0	

10 N O/O DOUCHE DON'T WORK

128	35.2	0. NOT CHECKED
236	64.8	1. CHECKED
364	100.0	

11 N O/O DOUCHE DANGEROUS

353	97.0	0. NOT CHECKED
11	3.0	1. CHECKED
364	100.0	

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12 N O/O DOUCHE BEST METHODS

N	O/O	
340	93.4	0. NOT CHECKED
24	6.6	1. CHECKED
364	100.0	

13 N O/O DIAPHRAGM DON'T UNDERSTAND

N	O/O	
324	89.0	0. NOT CHECKED
40	11.0	1. CHECKED
364	100.0	

14 N O/O DIAPHRAGM DON'T WORK

N	O/O	
297	81.6	0. NOT CHECKED
67	18.4	1. CHECKED
364	100.0	

15 N O/O DIAPHRAGM DANGEROUS

N	O/O	
329	90.4	0. NOT CHECKED
35	9.6	1. CHECKED
364	100.0	

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16 N O/O DIAPHRAGM BEST METHODS

265	72.8	0. NOT CHECKED
99	27.2	1. CHECKED
364	100.0	

17 N O/O FOAMS OR JELLIES DON'T UNDERSTAND

337	92.6	0. NOT CHECKED
27	7.4	1. CHECKED
364	100.0	

18 N O/O FOAMS OR JELLIES DON'T WORK

224	61.5	0. NOT CHECKED
140	38.5	1. CHECKED
364	100.0	

19 N O/O FOAMS OR JELLIES DANGEROUS

355	97.5	0. NOT CHECKED
9	2.5	1. CHECKED
364	100.0	

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20 N O/O FOAMS OR JELLIES BEST METHODS

303	83.2	0. NOT CHECKED
61	16.8	1. CHECKED
364	100.0	

21 N O/O PILL DON'T UNDERSTAND

352	96.7	0. NOT CHECKED
12	3.3	1. CHECKED
364	100.0	

22 N O/O PILL DON'T WORK

351	96.4	0. NOT CHECKED
13	3.6	1. CHECKED
364	100.0	

23 N O/O PILL DANGEROUS

230	63.2	0. NOT CHECKED
134	36.8	1. CHECKED
364	100.0	

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24 N O/C PILL BEST METHODS

185	50.8	0. NOT CHECKED
179	49.2	1. CHECKED
364	100.0	

25 N O/C IUD DON'T UNDERSTAND

277	76.1	0. NOT CHECKED
87	23.9	1. CHECKED
364	100.0	

26 N O/C IUD DON'T WORK

347	95.3	0. NOT CHECKED
17	4.7	1. CHECKED
364	100.0	

27 N O/C IUD DANGEROUS

301	82.7	0. NOT CHECKED
63	17.3	1. CHECKED
364	100.0	

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28 N O/O IUD BEST METHODS

257	70.6	0. NOT CHECKED
107	29.4	1. CHECKED
364	100.0	

29 N O/O OPERATION (TUBES TIED) DON'T UNDERSTAND

349	95.9	0. NOT CHECKED
15	4.1	1. CHECKED
364	100.0	

30 N O/O OPERATION (TUBES TIED) DON'T WORK

356	97.8	0. NOT CHECKED
8	2.2	1. CHECKED
364	100.0	

31 N O/O OPERATION (TUBES TIED) DANGEROUS

338	92.9	0. NOT CHECKED
26	7.1	1. CHECKED
364	100.0	

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32 N O/O OPERATION (TUBES TIED) BEST METHODS

128	35.2	0. NOT CHECKED
236	64.8	1. CHECKED
364	100.0	

33 N O/C CONDOM DON'T UNDERSTAND

348	95.6	0. NOT CHECKED
16	4.4	1. CHECKED
364	100.0	

34 N O/C CONDOM DON'T WORK

263	72.3	0. NOT CHECKED
101	27.7	1. CHECKED
364	100.0	

35 N O/C CONDOM DANGEROUS

337	92.6	0. NOT CHECKED
27	7.4	1. CHECKED
364	100.0	

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36 N O/O CONDOM BEST METHODS

269	73.9	0. NOT CHECKED
95	26.1	1. CHECKED
364	100.0	

37 N O/O WITHDRAWAL DON'T UNDERSTAND

322	88.5	0. NOT CHECKED
42	11.5	1. CHECKED
364	100.0	

38 N O/O WITHDRAWAL DON'T WORK

212	58.2	0. NOT CHECKED
152	41.8	1. CHECKED
364	100.0	

39 N O/O WITHDRAWAL DANGEROUS

327	89.8	0. NOT CHECKED
37	10.2	1. CHECKED
364	100.0	

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40 N O/O WITHDRAWAL BEST METHODS

330	90.7	0. NOT CHECKED
34	9.3	1. CHECKED
364	100.0	

41 N O/O VASECTOMY DON'T UNDERSTAND

322	88.5	0. NOT CHECKED
42	11.5	1. CHECKED
364	100.0	

42 N O/O VASECTOMY DON'T WORK

361	99.2	0. NOT CHECKED
3	.8	1. CHECKED
364	100.0	

43 N O/O VASECTOMY DANGEROUS

345	94.8	0. NOT CHECKED
19	5.2	1. CHECKED
364	100.0	

44 N O/O VASECTOMY BEST METHODS

142	39.0	0. NOT CHECKED
222	61.0	1. CHECKED
364	100.0	

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45-46 N O/O Q35. HOW MANY MOTHERS IN YOUR EFNEP FAMILIES ARE UNDER 16 YEARS OLD.

		CODE EXACT NUMBER
251	69.0	00. NONE
28	7.7	01.
29	8.0	02.
21	5.8	03.
7	1.9	04.
3	.8	05.
1	.3	06.
1	.3	07.
1	.3	08.
1	.3	09.
2	.5	10.
1	.3	11.
2	.5	12.
1	.3	14.
1	.3	25.
1	.3	27.
0	.0	98. 98 OR MORE
13	3.6	99. NO REPLY
364	100.0	

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47 N 0/0 Q36. HAVE YOU HEARD OF ANY WOMEN IN EFNEP FAMILIES WHO HAVE HAD AN ABORTION.

62	17.0	1. YES
298	81.9	2. NO
4	1.1	9. NO REPLY
364	100.0	

48 N 0/0 Q37. DO YOU THINK THE GOVERNMENT SHOULD GIVE CONTRACEPTIVES (BIRTH CONTROL SUPPLIES)....

33	9.1	1. NEVER
176	48.4	2. TO ANYONE WHO WANTS THEM
85	23.4	3. TO POOR PEOPLE ONLY
54	14.8	4. TO MARRIED PEOPLE ONLY
16	4.3	9. NO REPLY
364	100.0	

49 N 0/0 Q38. HOW MANY OF YOUR EFNEP FAMILIES HAVE TV IN THE HOME.

178	48.9	1. ALL
173	47.5	2. MORE THAN HALF
13	3.6	3. VERY FEW
0	.0	9. NO REPLY
364	100.0	

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50 N O/O Q39. HOW MANY HAVE A RADIO.

N	O/O	
153	42.0	1. ALL
179	49.2	2. MORE THAN HALF
30	8.2	3. VERY FEW
2	.5	9. NO REPLY
364	100.0	

51 N O/O Q40. HOW MANY TAKE A NEWSPAPER.

N	O/O	
9	2.5	1. ALL
89	24.5	2. MORE THAN HALF
195	53.6	3. VERY FEW
70	19.2	4. DON'T KNOW
1	.3	9. NO REPLY
364	100.0	

52 N O/O Q41. WHAT LANGUAGE DO MOST OF YOUR EFNEP HOMEMAKERS SPEAK.

N	O/O	
306	84.1	1. ENGLISH
31	8.5	2. SPANISH
2	.5	3. AMERICAN INDIAN
0	.0	4. OTHER
19	5.2	5. MORE THAN ONE LANGUAGE MARKED
6	1.6	9. NO REPLY
364	100.0	

53 N O/O Q42. DO YOU GET A DAILY NEWSPAPER.

N	O/O	
306	84.1	1. YES
58	15.9	2. NO
0	.0	9. NO REPLY
364	100.0	

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54 N O/O Q43. HOW MANY HOURS DID YOU WATCH TV YESTERDAY.

		CODE EXACT HOURS
102	28.0	0. NONE
109	29.9	1. 1 HOUR
91	25.0	2. 2 HOURS
31	8.5	3. 3 HOURS
21	5.8	4. 4 HOURS
4	1.1	5. 5 HOURS
0	.0	6. 6 HOURS
0	.0	7. 7 HOURS
2	.5	8. 8 HOURS OR MORE
4	1.1	9. NO REPLY
364	100.0	

Q44. DO YOU REMEMBER READING ANYTHING ABOUT FAMILY PLANNING OR BIRTH CONTROL DURING THE LAST MONTH....

55 N O/O Q44. IN A NEWSPAPER.

210	57.7	0. NO
154	42.3	1. YES
364	100.0	

56 N O/O Q44. IN A MAGAZINE.

141	38.7	0. NO
223	61.3	1. YES
364	100.0	

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57 N 0/0 Q44. IN A BOOKLET OR LEAFLET.

199	54.7	0. NO
165	45.3	1. YES
364	100.0	

Q45. HAVE YOU EVER HEARD ABOUT BIRTH CONTROL METHODS FROM ANY OF THE SOURCES BELOW.

58 N 0/0 Q45. FROM FAMILY OR FRIENDS

123	33.8	0. NOT CHECKED
241	66.2	1. CHECKED
364	100.0	

59 N 0/0 Q45. FROM DOCTOR OR NURSE

96	26.4	0. NOT CHECKED
268	73.6	1. CHECKED
364	100.0	

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60 N O/O Q45. TELEVISION

189	51.9	0. NOT CHECKED
175	48.1	1. CHECKED
364	100.0	

61 N O/O Q45. RADIO

277	76.1	0. NOT CHECKED
87	23.9	1. CHECKED
364	100.0	

62 N O/O Q45. NEWSPAPER

168	46.2	0. NOT CHECKED
196	53.8	1. CHECKED
364	100.0	

63 N O/O Q45. MAGAZINES

106	29.1	0. NOT CHECKED
258	70.9	1. CHECKED
364	100.0	

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64 N O/C Q45. LEAFLETS, BOOKLETS

122	33.5	0. NOT CHECKED
242	66.5	1. CHECKED
364	100.0	

65 N O/C Q45. BOOKS

195	53.6	0. NOT CHECKED
169	46.4	1. CHECKED
364	100.0	

66 N O/O Q45. OTHER SOURCES

293	80.5	0. NOT CHECKED
71	19.5	1. CHECKED
364	100.0	

67 N O/O Q46. WOULD YOU BE WILLING TO TEACH YOUR EFNEP WOMEN AND GIRLS ABOUT FAMILY PLANNING AND BIRTH CONTROL IF YOU HAD TRAINING FOR THIS.

318	87.4	1. YES
40	11.0	2. NO
6	1.6	9. NO REPLY
364	100.0	

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68 N O/O Q47. HAVE YOU EVER HAD ANY TRAINING FOR TEACHING ABOUT BIRTH CONTROL OR FAMILY PLANNING.

100	27.5	1. YES
263	72.3	2. NO
1	.3	9. NO REPLY
364	100.0	

69 N O/O Q48. IF YOU HAD SUCH TRAINING, WAS IT FROM...

264	72.5	0. INAP
25	6.9	1. EXTENSION SERVICE
19	5.2	2. HEALTH DEPARTMENT
2	.5	3. WELFARE DEPARTMENT
30	8.2	4. CTHER
23	6.3	5. 2 OR MORE SOURCES MENTIONED
1	.3	9. NO REPLY
364	100.0	

70 N O/O Q49. DO YOU THINK YOUR SUPERVISCR'S FEELING ABOUT FAMILY PLANNING (BIRTH CONTROL) WOULD BE...

250	68.7	1. FOR
7	1.9	2. AGAINST
104	28.6	3. DON'T K OW
3	.8	9. NO REPLY
364	100.0	

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Q50. IF YOU WERE GOING TO TEACH HOMEMAKERS ABOUT FAMILY PLANNING AND BIRTH CONTROL, HOW WOULD YOU PREFER TO DO IT.

71 N O/C Q50. TALK TO ONE PERSON AT A TIME

140	38.5	0. NOT CHECKED
224	61.5	1. CHECKED
364	100.0	

72 N O/C Q50. TALK TO A GROUP

164	45.1	0. NOT CHECKED
200	54.9	1. CHECKED
364	100.0	

73 N O/C Q50. TALK AND SHOW SLIDES

151	41.5	0. NOT CHECKED
213	58.5	1. CHECKED
364	100.0	

74 N O/C Q50. SHOW A MOVIE

232	63.7	0. NOT CHECKED
132	36.3	1. CHECKED
364	100.0	

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75 N 0/C Q50. PLAY A TAPE OR RECORD

315	86.5	0. NOT CHECKED
49	13.5	1. CHECKED
364	100.0	

76 N 0/0 Q50. HAND OUT BOOKLETS

157	43.1	0. NOT CHECKED
207	56.9	1. CHECKED
364	100.0	

77 N 0/0 Q50. TALK ON TELEVISION

330	90.7	0. NOT CHECKED
34	9.3	1. CHECKED
364	100.0	

78 N 0/0 Q50. TALK ON RADIO

338	92.9	0. NOT CHECKED
26	7.1	1. CHECKED
364	100.0	

79 N 0/0 Q50. WRITE FOR NEWSPAPER

342	94.0	0. NOT CHECKED
22	6.0	1. CHECKED
364	100.0	

80 N 0/0 Q50. OTHER

354	97.3	0. NOT CHECKED
10	2.7	1. CHECKED
364	100.0	

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FAMILY PLANNING SURVEY

PROJECT NUMBER 484
DECK NUMBER 3

1-3 IDENTIFICATION NUMBER

4 DECK NUMBER (3)

Q51. WHERE DO YOU THINK EFNEP FAMILIES ARE NOW GETTING MOST OF THEIR INFORMATION ABOUT BIRTH CONTROL METHODS.

5

N	O/O	Q51. FROM FAMILY AND FRIENDS
147	40.4	0. NOT CHECKED
217	59.6	1. CHECKED
364	100.0	

6

N	O/O	Q51. FROM DOCTOR OR NURSE
129	35.4	0. NOT CHECKED
235	64.6	1. CHECKED
364	100.0	

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(A-6-49)

7 N O/C Q51. FROM TELEVISION

286	78.6	0. NOT CHECKED
78	21.4	1. CHECKED
364	100.0	

8 N O/C Q51. RADIO

334	91.8	0. NOT CHECKED
30	8.2	1. CHECKED
364	100.0	

9 N O/C Q51. NEWSPAPER

319	87.6	0. NOT CHECKED
45	12.4	1. CHECKED
364	100.0	

10 N O/C Q51. MAGAZINES

278	76.4	0. NOT CHECKED
86	23.6	1. CHECKED
364	100.0	

11 N O/C Q51. LEAFLETS, BOOKLETS

261	71.7	0. NOT CHECKED
103	28.3	1. CHECKED
364	100.0	

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12 N O/O Q51. BOCKS

330	90.7	0. NOT CHECKED
34	9.3	1. CHECKED
364	100.0	

13 N O/O Q51. FRCM EXTENSION SERVICE

297	81.6	0. NOT CHECKED
67	18.4	1. CHECKED
364	100.0	

14 N O/O Q51. FRCM ANOTHER AGENCY

262	72.0	0. NOT CHECKED
102	28.0	1. CHECKED
364	100.0	

15 N O/O Q51. OTHER SOURCES

287	78.8	0. NOT CHECKED
77	21.2	1. CHECKED
364	100.0	